

St. Patrick Academy Service Hours Verification Form:

Part A. Student Section:

Name: _____

Service Location: _____

Description of Service: (what did you do):

Hours Completed: _____

Date of Work: _____

Signature of Student: (by signing below, I attest that the above is true)

_____ Date: _____

B. Supervisor Section:

Quality of the work done by student: (please circle one of the following)

Poor Satisfactory Good Excellent

Comments: (please write any comments about the student's work or work ethic)

Name (printed): _____

Organization/Work Site represented: _____

Signature (by signing below, I attest that the above student successfully completed the work he/she claims to have done):

_____ Date: _____

Phone Number: _____