



Julieta and Frank Staggs Academy  
of International and STEM Studies

### Community Service Time Sheet

Student Name: \_\_\_\_\_ Student Id: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Type of Service Provided: \_\_\_\_\_

On-Site Supervisor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

### Dates and Times of Service

Date: Month/Day/Year	Time in	Time out	Total hours per day

Total Hours

My signature verifies that the student has earned the number of community service hours listed above.

On-Site Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY
DOE:
Initials :