



ST. PIUS X HIGH SCHOOL  
SERVICE HOUR VERIFICATION SLIP

Name of Student (Print) \_\_\_\_\_ Grade \_\_\_\_\_

Name of Agency or Institution: \_\_\_\_\_

Date of Service \_\_\_\_\_ Time \_\_\_\_\_ Total Hours \_\_\_\_\_

Brief Description of Service Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Supervisor (Print)                      Signature of Supervisor                      Phone Number of Supervisor

**IMPORTANT: This form must be completed and returned to Mrs. Hamerle within TWO WEEKS of the service performed in order for the hours to be accepted. The only exception is that SUMMER HOURS NEED TO BE TURNED IN BY AUGUST 30TH at the latest.**



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