

**ST. PIUS X HIGH SCHOOL
SERVICE HOUR VERIFICATION SLIP**

Name of Student (Print) _____ Grade _____

Parish/Church that you attend _____

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 the front office within TWO WEEKS of the service performed in order for the hours to be accepted; otherwise the hours will be logged in the "other" category and not counted toward graduation hours.

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