



Community Service Official Time Record

Student _____ Grad Yr. _____

Placement _____ School _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Jan																																
Feb																																
Mar																																
Apr																																
May																																
Jun																																
Jul																																
Aug																																
Sep																																
Oct																																
Nov																																
Dec																																

Total Hours _____

Mark the number of hours of service for each day served.
 Upon completion of the service, **mail** this form and the
 Agency Evaluation form to:

Gary Swain, Community Service Coordinator

Lahser High School
 3456 Lahser Road
 Bloomfield Hills, MI 48302
 (248) 341-5739

Andover High School
 4200 Andover Road
 Bloomfield Hills, MI 48302
 (248) 341-5539

 Supervisor's Signature

 Date