



Student Placement _____

Grad Yr. School _____

**COMMUNITY SERVICE
Official Time Record**

	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	To		
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Total Hours _____

Supervisor's Signature

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: Mrs. Elizabeth Gibbs, Coordinator

Lahser High School
3456 Lahser Road
Bloomfield Hills, MI 48302
248 244 5700

Andover High School
4200 Andover Road
Bloomfield Hills, MI 48302
248 244 5500