

WORK LOG

Student's Name _____

Phone # _____

Please Print:

Date:		# of hours		Supervisors Signature:	
Date:		# of hours		Supervisors Signature:	
Date:		# of hours		Supervisors Signature:	
Date:		# of hours		Supervisors Signature:	
Date:		# of hours		Supervisors Signature:	
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Date:		# of hours		Supervisors Signature:	
Date:		# of hours		Supervisors Signature:	
Date:		# of hours		Supervisors Signature:	
Date:		# of hours		Supervisors Signature:	

Total # of hours: _____ (needs to = 32 or more)

An adult family member must accompany the student while on the grounds. Therefore, # of hours = total hours for both student and adult. For example, if student and adult have each worked at Sacred Heart of Mary for 4 hours one day put 8 in the # of hours box.

BE SURE AND GET A SUPERVISORS SIGNATURE AT THE END OF EACH WORK DAY!! REQUESTS FOR A SIGNATURE AT A LATER DATE MAY NOT BE HONORED.

