

SCHOOL DISTRICT 88 COMMUNITY LEARNING HOURS TIME SHEET



Complete this section with the required information before filling out the time sheet. **(Please Print)**

Personal Information

(First) (Middle) (Last)

School Roosevelt Middle School Homeroom _____

Home Address _____ City _____ State _____

Zip Code _____

Parent/Guardian _____

Home Phone _____ Cell Phone _____

Community Service Information

Check One: Person Organization Other

Name _____

Address _____ Telephone Number() _____

Supervisor's Name _____

Date	Activity	Time In	Time Out	Total Hours	Supervisors Signature

Do not turn in your time sheets until you have completed 30 hours. Please make a copy for your records before turning the sheets into the office. All time sheets must be turned into Ms. Holmes by April 3, 2020.