Salinas Union High School District
Community Service Log

Student Name:				Student ID:	School:
Date	In	Out	Hours	Category	Supervisor's Signature

For use by the sponsoring organization after service

Completion of Service

Please indicate the number of hours the student has worked with you and sign. The person verifying these hours must not be a relative of the student completing the community service.

Number of Hours Worked _____

_____ _____

Organization Representative (please print) Signature

_____ _____ _____

Title Phone Number Date