



YOUR TIME COUNTS

Notification of Planned Community Involvement Activities

Student Name: _____

School: _____

Principal: _____

Activity	# Of Hours	Date Of Completion	Location/Telephone Number	Supervisor's Name	Supervisor's Signature

Student Signature: _____

Parent Signature: _____

Date: _____

Office Only:	Total Hours: _____ Completion has been noted on student's OST: _____	
	Signature of School Official: _____	Date: _____