TIME LOG

Name: _____ Class of 2_____
Advisor:_____ Date_____
Project Title :_____ Homeroom_____

Complete the following time log as you work on your project. A minimum of 20 hours is required. The approved adult verifying your work must sign the time log and initial the columns.

Date	Activity	Time Spent	Advisors Initials

Every member of a group must complete a log

_____ _____
Student Signature Advisor Signature

I verify that the student listed above completed his/her Community Serivce Hours.

Adult Signature_____ Home Phone_____

Printed Name _____ Work Phone_____