

Student: _____ Grad. Year: _____ Agency: _____

**REGINA HIGH SCHOOL - CHRISTIAN COMMUNITY SERVICE
Official Time Record**

Mark the number of hours you worked each day. Attach this form to a completed Hours Documentation Form and submit both by the end of each QUARTER marking period.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Jan																																
Feb																																
Mar																																
Apr																																
May																																
June																																
July																																
Aug																																
Sept																																
Oct																																
Nov																																
Dec																																

TOTAL HOURS: _____

Supervisor's Signature: _____

Date: _____

Mail or fax to:
 Christian Community Service
 Regina High School
 13900 Masonic Blvd.
 Warren, MI 48088

Fax: (586) 585-0507