

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