

# Family Service Hours

Name:

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Job/Event:

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Date:

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Total Spent on Supplies\*:

\*Must attach a copy of the receipt. **YOU WILL NOT RECEIVE CREDIT WITHOUT A RECEIPT.**

\*Purchases will be rounded to the nearest dollar.

\*Every \$15.00 spent on supplies = 1 service hour.

\$\_\_\_\_\_.\_\_\_\_ rounded to:

\$\_\_\_\_\_.\_\_\_\_ divided by \$15.00 =

Hours +

(Example: \$38.63 rounded to: \$39.00 divided by \$15.00 per hour = 2.5 hours)

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Service Hours Worked for Job/Event:

Hours =

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Total Family Service Hours for Job/Event:

Hours

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Job/Event supervisor:

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Authorized Signature:

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(The person who oversaw the project, i.e. teacher, staff member, or Parent Guild Committee Chair)

Please fill out this form completely each time service hours are earned and deposit the completed form in the Parent Guild box on the shelves in the hall outside the office.

Thank You!