

Service Hours Verification Form NJHS

Name: \_\_\_\_\_

Date of Service \_\_\_\_\_ Time served \_\_\_\_\_

Describe Service: Be specific.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of supervisor \_\_\_\_\_

Title of supervisor \_\_\_\_\_ Date \_\_\_\_\_

NJHS Advisor Approval: \_\_\_\_\_



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