



**ST. PIUS X HIGH SCHOOL  
SERVICE HOUR VERIFICATION SLIP**

Name of Student (Print) \_\_\_\_\_ Grade \_\_\_\_\_

Name of Agency or Institution: \_\_\_\_\_

Date of Service \_\_\_\_\_ Time \_\_\_\_\_ Total Hours \_\_\_\_\_

Brief Description of Service Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Supervisor (Print)

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Phone Number of Supervisor

**IMPORTANT: This form must be completed and returned to Mrs. Hamerle within TWO WEEKS of the service performed in order for the hours to be accepted.**



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