

2020-2021 SJWL PLACEMENT HOURS FORM

Name (First and Last) _____

Original Placement _____ Phone: _____

<u>LOCATION</u> (church, school, or non-profit)	<u>Check box for Special Approval Request</u>	<u>Supervisor Signature</u>	<u>Tasks Performed</u>	<u>TOTAL HOURS</u> (to quarter hour- ex. 1, 1.25, 1.5, 1.75, etc))
		**Must total 21 hours by the 2021 May Dinner **	TOTAL HOURS =	

I certify that these hours are a true and accurate reflection of time I have volunteered.

Signature

Date