Record of Hours for Hesed Project

Student Name:	
Site Name:	
Name of Site Supervisor:	
Supervisor Contact Info: (phone and/or e-mail)	

To be completed by site supervisor:

Total # Hours Served:	
Supervisor's Signature:	
Date of Signature:	

Log of hours (continues on back)
Note: if a student has not completed 30 verifiable hours by January 31, 2021, she will not be permitted to participate in NCDS athletics or extracurriculars until the service commitment is complete.

Date	Time you began/ Time you finished	# of Hours	Supervisor

Date	Time you began/ Time you finished	# of Hours	Supervisor

Date	Time you began/ Time you finished	# of Hours	Supervisor