



CHARACTER • SCHOLARSHIP • LEADERSHIP • SERVICE

VERIFICATION FORM FOR NHS SPONSORED HOURS:

Circle one: End of year teacher help,
Summer office help,
Beginning of year teacher help,
SIP Day Teacher Help

STUDENT NAME: _____

TEACHER NAME: _____

DATE: _____ BEGIN TIME: _____ END TIME: _____

After completing your work, please have the teacher/supervisor sign below that you completed work for them.

Return this verification form to ROOM 223 in the NHS Bin on file cabinet.

Hours worked: _____ Total Time: _____

Teacher Signature: _____