ST.KATHARINE DREXEL SCHOOL
VOLUNTEER HOURS

SUPERVISOR'S NAME_____

JOB DESCRIPTION_____

DATE	NAME	HOURS

DATE	NAME	HOURS

PLEASE RECORD DATE WORKED, INDIVIDUAL'S NAME, AND THE TOTAL HOURS (TO THE NEAREST 1/4 OF AN HOUR. USE A DIFFERENT SHEET FOR EACH JOB THAT YOU SUPERVISE. TURN IN THE COMPLETED SHEET TO THE SCRIP OFFICE AT THE END OF EACH MONTH. WE WILL NOT ACCEPT ANY VOLUNTEER HOURS UNLESS THEY ARE SUBMITTED ON ONE OF THESE SHEETS, AND ARE SIGNED BY A SUPERVISOR. MORE SHEETS MAY BE OBTAINED FROM THE SCRIP OFFICE OR THE SCHOOL OFFICES.