



## NJHS Service Hour Documentation

Student Name: \_\_\_\_\_

Flight Teacher and Period \_\_\_\_\_

Service Date	Organization & Description of Service	Supervisor Signature and Contact Phone #	Number of Service Minutes/Hours Completed	In School (w/in ISMS) or Out of School?
				In or Out
				In or Out
				In or Out
				In or Out
				In or Out
				In or Out
				In or Out

**Reminder:** You need **16** service hours **per semester** and **6** of those hours must be within **ISMS**. I will accept **8** service hours from the summer and they can be applied to your 16 fall hours. Ask Mrs. McDaniel if you aren't sure if something will apply.

**In-school service time on this form** \_\_\_\_\_  
**Out-of-school service time on this form** \_\_\_\_\_  
**Service time TOTAL on this form** \_\_\_\_\_

*Please make a copy to keep for your records!*