

LC4YF Community Service Hours Time Sheet

Name of youth: _____ Hours to complete: _____ Date to be completed by: _____

Date	Site & Site Address	Time In	Time Out	Total for Day	Supervisor Name	Supervisor Signature	Supervisor Phone	Comments

Cleared to work in a Thrift Store? (circle one) YES NO LC4YF Staff _____ Date _____

****It is the responsibility of the youth to keep track of their hours and return this form to LC4YF by due date to receive credit for hours worked.**

Mail: 20 Lake St N, Suite 103, Attn: Intervention, Forest Lake, MN 55025 | Fax: 651-464-3687 | Email: Intervention@lc4yf.org

Completion of hours verified by LC4YF Staff _____ Date _____