

**SERVICE HOURS REQUIREMENT
APPROVAL FORM**

NAME _____

**PROPOSED SERVICE PROJECT
(TITLE AND EXPLANATION)** _____

PLEASE CHECK CATEGORY: **HOME/FAMILY**
 SCHOOL
 CHURCH
 COMMUNITY

SUPERVISOR SIGNATURE _____

SUPERVISOR'S TITLE/ POSITION _____

NUMBER OF HOURS ON PROJECT _____

COMMENTS _____

DATE _____

FLHS ADMINISTRATIVE APPROVAL _____

DATE _____
