LEAD Scholars Academy

SERVICE HOURS VERIFICATION FORM

Student Name:	Year: 1st, 2nd, U-LEAD UCF ID:
Service Start Date: Se	rvice End Date:
Service/Event Title:	
Service Agency:	

A) Please provide a <u>detailed</u> description of the service completed and the amount of time spent on each task. This form is to be submitted within 30 days of the service start date NOT your service end date. For example, if your service start date is 10/23 you have until 11/23 to submit your hours in order for them to be reviewed.

DATE	TASK	HOURS
Ex: 1/6/20	Assisted with registration at event	3
<u>) Agency Inform</u>	ation (This section is to be completed by the agency representat	ive ONLY)
Number of hours co	ompleted by student:	
Agency Representa	tive: Position:	
Authorized Signatu	re: Date:	
E-mail Address:	Phone:	

 Student Signature:

 Print Name:

** Please note agency supervision forgeries or providing false information on this form will result in an academic integrity violation and notification to Student Conduct. **