

National Honor Society  
Service Hours Accrual Form

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Place: \_\_\_\_\_

Date(s) of service: \_\_\_\_\_

Description of service: \_\_\_\_\_

\_\_\_\_\_

Hours: \_\_\_\_\_ Signature/Initials of supervisor: \_\_\_\_\_

Email or phone # of supervisor: \_\_\_\_\_

Category:   ISP   Project Committee   Project Meeting   NHS Fundraising   Other

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