National Honor Society Penalty Service Hours

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ First / Second Semester

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| Date | Description | Start Time | End Time | Total Time | Name of Supervisor (printed) | Signature of Supervisor |
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Amount of Penalty Hours: \_\_\_\_\_\_\_\_\_ NHS Officer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_