

PEP PROGRAM COMMUNITY SERVICE LOG



NAME _____ MONTH _____

You must submit your log to Ms. Perez by the 15th of the next month in order to receive credit towards completion.
Example- Hours completed in September must be submitted by October 15th. LOGS TURNED IN AFTER THE 15TH WILL NOT COUNT.

Date	Time IN	Time Out	DESCRIPTION OF ACTIVITY	SIGNATURE OF PERSON IN CHARGE (Coordinator, please be sure to complete ALL information in pen)
				Site of Service _____ Name of Coordinator _____ Contact Info _____ Total Hours completed _____ Signature _____
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In order to keep the parents updated on their child's progress, **ALL LOGS MUST BE SIGNED BY THE PARENT/GUARDIAN.**

PARENT SIGNATURE _____ DATE _____