CSF Hours Verification Form
Have this form signed at the conclusion of your CSF Activity

Please note the following:
(a) You must have turned in a CSF Activity Form for this event prior to service.
(b) Seniors must submit all CSF Hours Verification Forms before the last academic day of the 3rd Quarter of their 2nd Semester.

Today’s Date: ______________ (this document will also be time stamped by the CSF Advisor)

CSF Student’s Name (Please Print) ______________________________

Student UHS Number: ____________ Grade (circle one): 9 10 11 12

Name of the CSF Activity you attended: ______________________________

What did you do at the activity?
____________________________________________________

Time You Arrived       Time You Left       Number of Hours (increments of 15 minutes)
_______________________ _______________ ___________ (example: 3.25 hours)

I truly completed the hours indicated on this form:
____________________________________________________
Student Signature

I supervised this CSF Student’s participation in the CSF Activity:
____________________________________________________
Printed Name                  Signature

Return this form to the UHS CSF Advisor, Mr. Zki Room H-183
Within 1 Week of the Activity For CSF Credit