**NHS Hours** Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Date** | **Event** | **Supervisor Signature** | **Printed name of supervisor** | **Phone #of supervisor** | **Start Time** | **End Time** | **Hours** | **“IN/OUT” of NHS** |
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**TOTAL HOURS “IN” NHS: \_\_\_\_\_\_\_\_ TOTAL HOURS “OUT”: \_\_\_\_\_\_\_\_\_ GRAND TOTAL of HOURS: \_\_\_\_\_\_\_\_\_\_**

***This form will not be returned to you. Please make a copy for your references.* Events without a supervisor signature/phone number may not be counted in your total hours. Please bring this form with you to each event.**

**Hour Totals for the Year: “IN” NHS hours – minimum of 20, “OUT” NHS hours – maximum of 20. Any non-NHS sponsored event must have a “Request for Approval of Service Hours” Form completed & signed PRIOR to the event. A minimum of 40 service hours are due in May.**