Student Name:

_____

Office Use Only	
Receipt	
Verification	

East Meadow High School
Senior Project
Hours & Activities Log

Coordinators:
Ms. Danielle Casamassina
Ms. Kimberly LoFaso
Ms. Liz McLaughlin

Phone: (516) 228-5348
Fax: (516) 228-5339
Email: sproject@eastmeadow.k12.ny.us

Instructions for Student and Sponsor

Student:
You must record and submit a completed time sheet to the Senior Project Office with the appropriate initials & signatures at the completion of your Senior Project experience.

Sponsor:
Please initial this sheet every time you work with the student. At the end of the experience please sign the bottom of this document indicating that the student has completed the required 25 hours.

Date	Time IN / OUT	Total Hours	Tasks Accomplished	Sponsor Initials

Please sign below to confirm that the student has completed 25 hours of service under your supervision.
Thank you for your support for the East Meadow High School Senior Project.

_____
Sponsor Name (print)

_____
Title

_____
Sponsor Signature

_____
Company Name

_____
Address Town, State, Zip

_____
Phone Number