

WORK ASSESSMENT PROGRAM
(Please submit to the Office)

Parent Name: _____

Event: _____

Date: _____

Total Time Worked: _____

Parent Signature: _____

Authorizing Member's Signature: _____

This form is the only method by which you can submit your work hours for credit. Spreadsheets and other paperwork are not permissible and will not be accepted. Please ensure this form is filled out completely and signed by authorized members.

*Work assessment forms must be submitted within 30 days of the date the work was performed. Otherwise it will be invalid.