## University of South Carolina Office of Student Conduct Community Service Completion Form

Name:

Case Numbe	r:			
complete you hours on time	r service by the date	determined by you ld placed on your re	ur conduct admin egistration, doub	ou must utilize this form and istrator. Failure to complete le the amount of hours in half
Date	# of Hours	Total # of	Supervisor's Initials	Notes
	Worked	hours worked	Initials	
10 1				
	ny problems or conce completed forms to		hesitate to contac	et our office at 803-777-4333.
Fax: 803-777 Email: <u>osc@s</u>				
By signing be	low, I verify the abov	ve information is ac	ccurate.	
(Supervisor's Signature)			(Date)	
(Print Name)		none Number)	(	(E-mail Address)