Office of the Dean of Students
Phone: 552-2604 E-Mail: sewell_t@utpb.edu

Service Hours Referral

Student_____
Name ID Number Case Number

Service Hour Requirement:

Department_____# of Hours_____Deadline_____

Contact Person_____Phone_____

Note to the Work Supervisor: The above named student has been given work sanction which requires him/her to be under your supervision. Please note that the student *may not* negotiate the terms or due date of this sanction with you. By signing this form after the student completes his/her work, you are agreeing that the work was performed and completed to your satisfaction. Thank you for participating in the program.

Note to the Student: Failure to complete sanctions, provide documentation or falsification of record may lead to additional disciplinary action.

Record of Hours Worked:

DATE	LOCATION/ASSIGNMENT	TIME IN	TIME IN	HOURS	RUNNING TOTAL

These records are true and accurate.

Student Signature_____Date_____

Departmental Signature_____Date_____

IT IS THE <u>STUDENT'S</u> RESPONSIBILITY TO RETURN COMPLETED FORM TO THE DEAN OF STUDENTS.

Copies: Student Discipline File, Assigned Department, Student, Student to Return to Dean of Students Service Hours