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I verify that (student) invested/worked \_\_\_\_\_ hours at (agency). (Please note that supervisory, preparation, training, journal keeping, and other non-direct service time can be included in addition to direct service hours. Custodial time, such as house cleaning and monitoring sleeping clients, should not be included.) \*A signature is only needed for faxed or mailed forms.

\_\_\_\_\_  
Supervisor\*

\_\_\_\_\_  
Date