

GRAD TRANSITIONS

30 Hours of Work/Volunteer Experience

Name: _____

I earned my 30 hours in the following way:

I am/was employed

Photocopy of pay stubs attached

Total hours claimed: _____

Community Service

Verification forms attached

Total hours claimed: _____

Please have Mr. Meraw or Mrs. Meraw sign this form below.

I verify that this student has completed his/her 30 hours of Work/Volunteer Experience required for graduation.

Signature: _____