

LIBRARY PARTICIPATION HOURS SUBMISSION FORM: FOR THE WEEK OF: _____

Credit Hours to Family: (Last Name)	Oldest Child's First Name	In Grade	Name of Person who worked:	Monday	Tuesday	Wednesday	Thursday	Friday
				Start/Finish time	Start/Finish time	Start/Finish time	Start/Finish time	Start/Finish time
				Total Hours	Total Hours	Total Hours	Total Hours	Total Hours

AUTHORIZED SIGNATURE: _____

Entered by: _____