

Q.A.S. Parent Participation Hours Submission Form

Credit Hours to Family: (Student's Last Name) _____ Date Worked: _____

Oldest Child @ QAS (First Name) _____ Grade _____

Name of person who worked: _____

Hours Worked: From _____ To _____ Total Hrs. Worked: _____

Category or Type of Work: _____

Category Manager or person authorizing this job: _____

Authorizing Signature: _____

For Office Use Only

Unsigned: Date sent: _____ Signed - Entered: _____ Entered By: _____

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