

TLT Service Project Report Form



TLT Name: _____

Date: _____

Service Location: _____

Conference & Club Name: _____

Time-in: _____ Time -out: _____

Total Shift Time: _____

Supervisor Name: _____

Note: TLT Headquarters hours are 9am-5pm. If your shift ends after 5pm, return this form the next day.

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