

**Phi Theta Kappa International Honor Society**  
**Alpha Nu Omega Chapter**

**Regional Campus Sign-In/Sign-Out Form**

Campus Name: \_\_\_\_\_

Liaison Name: \_\_\_\_\_

Date: \_\_\_\_\_ Event: \_\_\_\_\_

<b>HACC ID</b>	<b>NAME</b>	<b>TIME IN</b>	<b>TIME OUT</b>	<b>TOTAL HRS</b>
1. H_____	_____	_____	_____	_____
2. H_____	_____	_____	_____	_____
3. H_____	_____	_____	_____	_____
4. H_____	_____	_____	_____	_____
5. H_____	_____	_____	_____	_____
6. H_____	_____	_____	_____	_____
7. H_____	_____	_____	_____	_____
8. H_____	_____	_____	_____	_____
9. H_____	_____	_____	_____	_____
10. H_____	_____	_____	_____	_____

I hereby affirm that the each of above-named volunteers were present and participated in the aforementioned service event for the number of hours listed for each volunteer.

Liaison/Advisor Signature: \_\_\_\_\_