

Community/Charitable Service Verification Form

Employee Name: _____

Community/Charitable Organization: _____

Service Event Description & Explanation of Work:

Date	Description	Hours

I hereby certify that the Kingman Healthcare Center employee named above completed charitable/service work for our organization. The dates, description, and hours of work are a true representation of the services completed.

Signature: _____ Date: _____

Title: _____

For verification purposes:

Phone: _____

Email: _____