



## 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: \_\_\_\_\_

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