



NAME: _____

PLEASE NOTE: This log is only for use at PR or Family Success Center. THIS LOG MUST BE TURNED IN TO **COORDINATOR** for proof of hours.

LEAP Coordinator Contact:

Coordinator, Amanda Kovacs
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Phone: 908-782-3909
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Location	Date	Time In	<i>PR initials</i>	Activity	Time Out	<i>PR Initials</i>	Hours Completed

Total hours completed:::

Coordinator Signature:

Date Received: