FRM – 122
Alternative Service Form

Member Name:	Month/ Year:
Sponsoring Org:	Pay Period: ☐ 1st -15th ☐ 16th - End of the month

See WSC Policy# POL-122 – Managing Alternative Service and the WSC Member Service Agreement. Ensure all elements of member service are maintained and no prohibited activities are included as part of alternative service hours. Site is to keep this form in member file for documentation as needed.

ALTERNATIVE SERVICE INFORMATION		
Date(s) of Service	Hours Served	Alternative Service Description

ALTERNATIVE SERVICE SITE INFORMATION	
Organization:	
Name of alternative service supervisor:	
Title/ position:	
Email:	Phone:
By your signature, you certify that the member completed the noted service hours.	
X	
Alternative Service Supervisor Signature (in wet ink)	Date

MEMBER: By your signature, you certify that the above time represents actual alternative service hours in accordance with WSC policies and the Member Service Agreement (including prohibited activities).	**SITE STAFF OR SPONSORING ORGANIZATION DESIGNEE**: By your signature, you certify that the above time represents approved alternative service hours in accordance with WSC policies and the Member Service Agreement (including prohibited activities).
X	X
Member Signature (in wet ink) Date	Site Staff Signature (in wet ink) Date