



(Form A)

2025 North Carolina Retired School Personnel Individual Community Service Hours Record

Name: _____

Local Unit: _____ Region: _____

Category	Jan	Feb	March	April	May	June		Totals
Education								
Other								
Totals								

Category	July	Aug	Sept	Oct	Nov	Dec		Totals
Education								
Other								
Totals								

Total Education Hours: _____ Total Other Hours: _____ Total Hours: _____

For the "Other" volunteer hours category, please check the activities in which you participated. All hours must be unpaid volunteer work for non-family recipients.

✓ Check Boxes

<input type="checkbox"/>	Animal Welfare	<input type="checkbox"/>	Church / Religious	<input type="checkbox"/>	Charity (unpaid work)
<input type="checkbox"/>	Civic Organizations	<input type="checkbox"/>	Community Development	<input type="checkbox"/>	Companion to Non-Family Shut-In
<input type="checkbox"/>	Disaster Relief	<input type="checkbox"/>	Environmental Conservation	<input type="checkbox"/>	Governmental
<input type="checkbox"/>	Healthcare/Medical	<input type="checkbox"/>	Meals-on-Wheels	<input type="checkbox"/>	Mission Work
<input type="checkbox"/>	Neighborhood	<input type="checkbox"/>	Non-Profit Groups	<input type="checkbox"/>	Political
<input type="checkbox"/>	Prison Ministry	<input type="checkbox"/>	Social Services / Drug Help	<input type="checkbox"/>	Transportation of Non-Family

- As of January 1, 2023, hours spent caring for family members may not count toward Community Service.
- Activities may be included if any reimbursement is for expenses only, but *never* for *paid* work.
- If you performed unpaid work caring for groups of patients or teaching groups of students, you may *not* count hours separately for each patient nor for each student, e.g., only count credit for actual time
- This form must be received on or before the due date for hours to be counted. ***NO EXCEPTIONS!***

"I do hereby swear or affirm that the foregoing community service report is true and correct, and that all hours reported were genuinely performed in accordance with the community's service rules. I further swear (or affirm) that no paid time has been included and that I have not falsified any portion of this report."

Your Signature _____ Date _____

Submit this completed form to your Local
Unit's Community Service Chair by January 19, 2026.

