

SERVICE LEARNING TIMESHEET

PLEASE PRINT

STUDENT: _____ ID#: _____

Major: _____ Classification: _____

Email Address: _____ Phone # _____

SL COURSE & Section # _____ INSTRUCTOR: _____

AGENCY: _____ PHONE: _____

AGENCY SUPERVISOR: _____ EMAIL: _____

DUTIES PERFORMED: _____

DATE	TIME IN	TIME OUT	Total Hours	Supervisor's Signature
TOTAL HOURS ON THIS SHEET				

Volunteer Signature: _____

Date: _____