



Service-Learning Timesheet

Name: _____

Section: _____ Semester: _____ Name of Instructor: _____

Name of community partner (organization): _____

Community Partner Supervisor (s): _____

Total Number of Hours: _____

	Date	Time	Community Partner Signature
Week 1			
Week 2			
Week 3			
Week 4			
Week 5			
Week 6			
Week 7			
Week 8			
Week 9			
Week 10			
Week 11			
Week 12			