Service-Learning Timesheet

Student Name:	**EMPLID:**
Student Signature:	**Date:**
SL Course and Semester:	**SL Course Instructor:**

Name of Field Site (School): _____

Field Supervisor (s): _____

Total Number of Hours: _____

	Date	Time	Signature of Field Supervisor
Week 1			
Week 2			
Week 3			
Week 4			
Week 5			
Week 6			
Week 7			
Week 8			
Week 9			
Week 10			
Week 11			
Week 12			