Service-Learning Timesheet

Student Name:	EMPLID:
SL Course and Semester:	SL Course Instructor:

Name of Field Site (School):	
Field Supervisor(s):	
Required Total Number of Hours:	

Week 1	Mon	Tue	Wed	Thu	Fri
Date					
Time In					
Time Out					
Total Hrs.					
Student's Signature & Date					
Supervisor's Signature & Date					

Week 2	Mon	Tue	Wed	Thu	Fri
Date					
Time In					
Time Out					
Total Hrs.					
Student's Signature & Date					
Supervisor's Signature & Date					

**** Additional copies should be made for additional weeks. ****