

Academic Service-Learning Timesheet

Academic Year: _____

Semester: Fall Spring

Student Name: _____ Course: _____

Professor: _____ Agency: _____

Student: Please record all hours and have your site supervisor initial each time you do service.

Supervisor: Please comment on punctuality, professionalism, and willingness to participate.

Date	Hours	Supervisor Initials

Date	Hours	Supervisor Initials
Total Hours		

Agency Supervisor Name (Please Print): _____

Agency Supervisor Email: _____

Supervisor Signature (signature at completion of semester): _____

Date of Signature and Completion of Hours for the Semester: _____

Supervisor comments:

Students: When your service-learning is complete, be sure to get this form signed by your site supervisor, make a paper or digital copy for yourself, and turn it in to your instructor if requested. Otherwise it is for your future use as a record of your service. This may be valuable to you when you are building your resume or applying for graduate school. No record of these hours will be kept by the Center for Community-Based Learning, Leadership, and Research, so it is up to you to maintain this record.

