

**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
<b>Total Hours</b>		

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 Community Engagement and Experiential Learning Office, so it is up to you to maintain this record.

