CENTER for STUDENT EXPERIENCE and TALENT

UNIVERSITY of WISCONSIN UWMILWAUKEE POWERFUL IDEAS PROVEN RESULTS

Student Service Record Timecard

Name: _____ Organization: _____

Month:		***Month:***		***Month:***		***Month:***		***Month:***		***Month:***	
Date	*# of Hours*	*Date*	*# of Hours*	*Date*	*# of Hours*	*Date*	*# of Hours*	*Date*	*# of Hours*	*Date*	*# of Hours*
Ex: 3/23	***3***										

To verify hours, please sign after all service listed above has been completed.

Student Signature Date

Site Supervisor Signature Date

Student Email Phone Number

Site Supervisor Email Phone Number

(to insert your signature click on the text fields above and select the Insert tab ➔ Auto Text ➔ Signature)

To ensure accurate record of your hours, please turn this timecard in by:
May 1st (Winter/Spring) or December 1st (Summer/Fall). Extensions available upon request.

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