

# COMMUNITY SERVICE TIME SHEET      2018 -2019

Turn this sheet in when all spaces are filled,  
or at the next due date (whichever comes first.)

Oct. 15    Jan 7    Feb 11    March 11    April 8

To be completed [in PEN] and signed [in PEN] EACH time you complete hours.

Student's Name: \_\_\_\_\_

Service Organization: \_\_\_\_\_ Supervisor's email/ phone number \_\_\_\_\_

**PLEASE COMPLETE NEATLY [IN PEN] EACH TIME YOU COMPLETE SERVICE HOURS.**

**\*\*Supervisor must initial any cross outs or changes in times\*\***

Date of work	Detailed Description of Work Performed	Time in	Time out	Total hours (per visit)	Supervisor's name (printed) ----- Signature of Supervisor	DATE
					----- 	
					----- 	
					----- 	
					----- 	
					----- 	
					----- 	



Date of work	Detailed Description of Work Performed	Time in	Time out	Total hours (per visit)	Supervisor's name (printed) ----- Signature of Supervisor	DATE
					-----	
					-----	
					-----	
					-----	
					-----	
					-----	
					-----	

**PLEASE COMPLETE NEATLY [IN PEN] EACH TIME YOU COMPLETE SERVICE HOURS**

Turn this sheet in when all spaces are filled,  
or at the next due date (whichever comes first.)

Oct. 15    Jan 7    Feb 11    March 11    April 8