



## Community Service Time Sheet

**Student Name:** \_\_\_\_\_

**Number of Hours Required:** \_\_\_\_\_

**Community Service Site(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Site Supervisor Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Students are responsible for maintaining and ensuring the accuracy of the time sheet and turning it into the Office of Residence Life upon the completion of service.

| Date | Time In | Time Out | Description of Activities | Total Hours | Site Supervisor Signature |
|------|---------|----------|---------------------------|-------------|---------------------------|
|      |         |          |                           |             |                           |
|      |         |          |                           |             |                           |
|      |         |          |                           |             |                           |
|      |         |          |                           |             |                           |
|      |         |          |                           |             |                           |
|      |         |          |                           |             |                           |
|      |         |          |                           |             |                           |
|      |         |          |                           |             |                           |
|      |         |          |                           |             |                           |
|      |         |          |                           |             |                           |

**Total Hours Completed:** \_\_\_\_\_