

## Service-Learning Student Time Log



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Semeste	er:	Co	ourse & Section:		
Professo	or:				
Name: _	(Last)	(First)	(Middle)		
Service-L	earning Site:				
Address:					
			(City)	(State)	(Zip)
Site Supe	rvisor:				
Name:					
Telephone	:				
e-Mail (if a	vailable):				

Center for Service-Learning, Damon City Campus, 585-262-1713 (phone), 585-262-1466 (fax).

"Tell me and I forget, Teach me and I remember, Involve me and I learn" - Benjamin Franklin

## **TIME LOG**

To be completed by the service-learning student and handed in to the course professor.

Please use this form to record the number of hours per week you served at your community site or worked independently on your service project. When you have completed your service-learning hours, please turn in this report in to your instructor.

Date	Time In	Time Out	Total Hours	Student Initials	Site Supervisor Initials
Student Signatur			Total s	semester hours:	

Student Signature:	Total semester hours:
-	
Site Supervisor Signature:	