

Community Service Time Sheet

Name: \_\_\_\_\_

917: \_\_\_\_\_ Case #: \_\_\_\_\_

\*\* It is the student's responsibility to request the site manager to sign off on completion of the recorded hours, and the student's responsibility to submit this form to the appropriate University Official by the communicated deadline. \*\*

	Date	Time Started	Time Finished	Work Completed
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

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**To be completed by SITE SUPERVISOR:**

I, \_\_\_\_\_ (print name and title),  
certify that the above named student has completed the below number of community service  
hours by the date of my signature.

TOTAL HOURS: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_