

Service Learning Timesheet

Center for Social Responsibility and Community
PLEASE PRINT CLEARLY

Oneonta ID# (or SS#) _____ Name _____

Name of AGENCY/EVENT _____

Where you are serving: _____

Address: _____

City/State/Zip Code: _____

Type of work accomplished or

Position title: _____

Service learning (course related): CRN# _____ **Course Name:** _____

Instructor: _____

SL: Service Learning is when your professor requires you to perform service and you have a reflection component in your class.

Additional Time Sheets listed on back of this form

* Record the number of volunteer hours per month to the nearest ¼ hour (ie. 15 minutes = .25, 30 min. = .5, 45 min. = .75 hours)

* Missing information will result in a delay of hours being reflected on your record of service.

* Return forms to professor

* If you have any questions, please call 436-2098

Date(s)	Example 1/15/08	Daily Total	Example 5.25 hours

Total Hours for this timesheet:

* All time sheets must have the volunteer supervisor's signature before they are turned in. Return your time sheet to your instructor.

Volunteer: By signing this form, you indicate that you have agreed to serve in this position, you have served the hours listed above, and you will abide by the policies and fulfill the responsibilities of the position to the best of your ability. If unable to continue in the assignment, you agree to notify your supervisor in writing two weeks prior to your resignation.

Supervisor: By signing this form, you indicate that you have accepted the volunteer for the position described above, that you have provided the appropriate training and/or orientation required for the position, and that this time record accurately reflects the volunteer's service.

Instructor: By signing this form, you indicate that the volunteer has served in this position to your satisfaction and that you accept the service recorded above as fulfilling the course requirements.

Date: _____

Volunteer Signature

Date: _____

Site Supervisor's Signature

Date: _____

Service Learning Instructor

Name of AGENCY/EVENT

Where you are serving: _____

Address: _____

City/State/Zip Code: _____

Type of work accomplished or
Position title: _____

Date(s)	Example 1/15/08	Daily Total	Example 5.25 hours

Date: _____

Site Supervisor's Signature

Name of AGENCY/EVENT

Where you are serving: _____

Address: _____

City/State/Zip Code: _____

Type of work accomplished or
Position title: _____

Date(s)	Example 1/15/08	Daily Total	Example 5.25 hours

Date: _____

Site Supervisor's Signature

RETURN FORM TO YOUR PROFESSOR!