**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of work accomplished or

City/State/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **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**

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

**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: . Date: .

Site Supervisor’s Signature Service Learning Instructor

Revised 1/12

Name of AGENCY/EVENT

Where you are serving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of work accomplished or

City/State/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Position title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date: \_

Site Supervisor’s Signature

Name of AGENCY/EVENT

Where you are serving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of work accomplished or

City/State/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Position title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Site Supervisor’s Signature

Return Form To Your Professor!