Community-Based Learning Time Sheet

Year Semester \_\_\_\_\_\_\_\_\_\_

Student Name: Agency:

 **Date Hours Worked Comments**

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

16.

**Total Hours Worked:**

Student’s Signature:

Supervisor’s Name & Phone Number:

 Please print clearly

Supervisor’s Signature:

