Community Service Activity Course

TIMESHEET

Please print legibly and log total hours to the nearest quarter hour (e.g., .25, .50., .75)

Student Name _____

Agency _____

Date	Time In	Time Out	Tot Hrs / Day	Supervisor Initial
3/16	9	11:15	2.25	jbc
Total hrs this column				

Date	Time In	Time Out	Tot Hrs / Day	Supervisor Initial
Total hrs this column				

Total hrs this timesheet _____

Student Signature _____

I hereby certify that this timesheet is a true statement of the hours worked by this student and that the work assigned has been performed in a satisfactory manner.

Supervisor _____

Signature Department Date