

Community Service Time Log

The Supervisor must sign below on the dates that the student completes hours and again at the bottom of this page when hours have been completed.

Student Name _____ School _____ Student ID# _____

Organization Name: _____

Supervisor Name & Title: _____ Supervisor Phone # _____

Student Responsibilities: _____

Please check the semester that applies:

☐ Summer

☐ Fall

☐ Spring

Date	Hours	Supervisor Signature	Date	Hours	Supervisor Signature	Date	Hours	Supervisor Signature

Total: _____

Total: _____

Total: _____

Grand Total: _____

Supervisor Signature _____

Student Signature _____

Date _____