My Service Learning Timesheet

Full name: _____ **Project start Date:** _____

My Service Location: _____ **Project end Date:** _____

Date	Location of site	Clock in	Clock out	Total hours	Work notes

Signature of Supervisor/Witness: _____

Name of Supervisor: _____

When job duties are fulfilled, please return this document to Veenah Schultz, the AmeriCorps VISTA, located in Morrow Hall's Student Outreach Department (Room M-123.)