# **Step 4 —** Service Learning Hours Log

Submit this form to your **Course Instructor by Tuesday, December 2, 2008**

Student Name: _____ Course Name: _____

Student Phone: _____ Instructor Name: _____

Student Email: _____ Required Hours: _____

Agency: _____ Supervisor: _____

| Date | Time In | Time Out | Total Hours | Service Provided | Supervisor's Initials |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Start Date: _____ End Date: _____ Total Hours Completed: _____

I certify that this student has completed the service hours recorded above towards their service learning requirement.

Supervisor's Signature: _____ Phone: _____