



Service Learning Timesheet

SERVICE LEARNING PROGRAM
 Student Center, Building 600
 Office 601C (where photo id's taken)
 900 Otay Lakes Road
 Chula Vista, CA 91910
 (619) 482-6537 (619) 482-6554 fax
www.swccd.edu, Click on "Student Services" and then on "Student Activities" under Student Life area. Then click on "Service Learning."

Course _____ Instructor _____

Semester: Summer ___ Fall ___ Spring ___ (Please check) Year: _____

Completed Timesheets MUST be returned into Instructor to receive academic credit

| STUDENT INFORMATION | | COMMUNITY PARTNER INFORMATION | |
|---------------------|--|-------------------------------|--|
| Name | | Organization Name | |
| College ID # | | Contact Person Name | |
| Email | | Phone # | |

INSTRUCTIONS

1. **Fully** complete this timesheet including signatures required. **Incomplete timesheets will not be accepted.**
2. This form must be completed and signed below by the contact Supervisor and then turned into your course instructor for their signature.
3. The course instructor will be responsible for turning this form into the Service Learning Office (601C) by required due date.
4. When your service learning is complete, be sure to make a paper or digital copy for yourself.

Hours Completed at Site (please fill out below for EACH DAY that you volunteer)

| DATE | # OF HOURS | SUPERVISOR SIGNATURE (required on each day you volunteer) |
|------|------------|--|
| | | |
| | | |
| | | |
| | | |
| | | <i>Continue on back side of sheet</i> |

Total Hours Completed for the Semester: _____
 (do not forget to add the hours on the back side)

SERVICE LEARNING STUDENT SIGNATURE: _____ **Date:** _____

SWC INSTRUCTOR'S SIGNATURE: _____ **Date:** _____
 (TO BE SIGNED AFTER HOURS HAVE BEEN COMPLETED)

