Service-Learning
Student Time Log

Please print clearly:

Semester: _____ Course & Section: _____

Professor: _____

Name: _____
(Last) (First) (Middle)

Service Learning Site: _____

Address: _____

_____
(City) (State) (Zip)

Site Supervisor:

Name: _____

Telephone: _____

e-Mail (if available): _____

Susan Bender, Service-Learning Coordinator, Damon City Campus, Room 4023, sbender@monroecc.edu, 585-262-1710 (phone), 585-262-1615 (fax).

Ted Limpert, Service Learning, Damon City Campus, Room 4021, tlimpert@monroecc.edu, 585-262-1711 (phone), 585-262-1615 (fax).

"Tell me and I forget, Teach me and I remember, Involve me and I learn" - Benjamin Franklin

TIME LOG

To be completed by the service-learning student and handed in to the course professor.

Please use this form to record the number of hours per week you served at your community site or worked independently on your service project. When you have completed your service-learning hours, please turn in this report in to your instructor.

Date	Time In	Time Out	Total Hours	Student Initials	Site Supervisor Initials

Student Signature: _____ Total semester hours: _____

Site Supervisor Signature:_____