COMMUNITY SERVICE TIME SHEET
PLEASE PRINT

Student Name: _____

Cell Phone# _____ **Dorm Extension:** _____

Name of Organization: _____

Type of Service Performed: _____

On-Site Supervisor's Name: _____ **Phone#:**_____

PLEASE NOTE: NO COPIES WILL BE ACCEPTED, MUST SUBMIT THE ORIGINAL

Dates & Times of Service

Date Month/day/year	*Time In*	*Time Out*	*Total Hours Per Day*
		Total Hours	

With my signature below I have verified and am in agreement with the community service hours(s) that have been performed by the JCSU Student.

On-Site Supervisor's Signature: _____

Date Signed: _____

Revised on 5/12/2009 11:31:00 AM