

Service Learning Timesheet

SERVICE LEARNING PROGRAM

Office of Student Activities, Room 601C 900 Otay Lakes Road Chula Vista, CA 91910 (619) 482-6537 (619) 482-6493 fax www.swccd.edu/servicelearning

·	d at Site (please f	ill out below for OF HOURS	r EACH DAY	that you volunteer) SUPERV (required on e	ISOR SIGNATURE each day you volunteer)	
lours Complete	d at Site (please f	ill out below fo		that you volunteer) SUPERV (required on e	ISOR SIGNATURE each day you volunteer)	
lours Complete	d at Site (please f	ill out below fo		(that you volunteer)	ISOR SIGNATURE	
lours Complete	d at Site (please f	ill out below fo		(that you volunteer)	ISOR SIGNATURE	
lours Complete	d at Site (please f	ill out below fo		(that you volunteer)	ISOR SIGNATURE	
When your	service learnin	g form is con	nplete, <u>be su</u>	ire to make a paper o	r digital copy for yourself.	
Fully comp This form a instructor f The studen due date (b	olete this timeshoust be completed their signature will be response fore finals beg	ted and signer re. sible for turni in or sooner).	d below by	the contact Superviso	te timesheets will not be accept or and then turned into your cour arning Office (601C) by require	
STRUCTIO	<u>NS</u>					
nail			Phor			
me llege ID#				anization Name		
TUDENT INFORMATION				COMMUNITY PARTNER INFORMATION		
Complete	d Timesheets I	MUST be ret		Instructor to receiv		
		semester: Summer Fall		(Please check)	Year:	
	Summer					

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)

You will receive a certificate of recognition and co-curricular transcript information approximately 2 months after the end of the semester. Thank you for your participation in the Service Learning Program.