



**SERVICE LEARNING PROGRAM – FULLERTON COLLEGE
STUDENT TIMESHEET**

Students: Please use this form to record valuable information about your service. Pay particular attention to **record information accurately and fill out the form completely.** Have your supervisor sign the bottom of the form to verify your hours of service.

Student Name: _____ ID # _____

Student's Home Phone Number: _____

Course Name _____ Section Number: _____

Course Instructor: _____

Agency Name: _____

Agency Supervisor: _____

Agency Address: _____

Agency/Supervisor Contact Phone Number: _____

SERVICE RECORD - ROUND YOUR TIME TO THE NEAREST QUARTER HOUR.

Date	Time In	Time Out	Supervisor's Signature	Total Daily Hours

Service End Date: _____ **Total Hours Completed:** _____

**Supervisor's
Signature:** _____

Please return your timecard and evaluation form to the Office of Special Programs (room 2305) during the last week of the semester.

