

**Service Learning Program Hours Log**

Name: \_\_\_\_\_ Placement/Site Name: \_\_\_\_\_

Instructor: \_\_\_\_\_ Course Name/Number: \_\_\_\_\_

Site Supervisor's Signature: \_\_\_\_\_ Semester/Year: \_\_\_\_\_ / \_\_\_\_\_

Date	Time IN	Time OUT	Activities	Hours
<b>Total Hours:</b>				

Please complete and print two copies of this form. One copy should go to your instructor, the second copy should be kept for your records.