STUDENT SERVICE- LEARNING HOUR REPORT

Students, please use this form to record the number of hours per week that you serve at the placement site. When you have completed your service-learning hours, please turn this report in to your instructor.

Student Name: _____ HCCS Professor's Name: _____ Agency: _____

Phone Number: _____ Supervisor's Name: _____

Date	Time In	Time Out	Supervisor's Approval	Total Hours	Date	Time In	Time Out	Supervisor's Approval	Total Hours

Ending Date _____ Total Hours Completed _____ Supervisor's Signature _____

Supervisor's Phone # _____