## SHRIVER CENTER AT UMBC

## **SERVICE-LEARNING TIMESHEET**

TUDENT NAME:		EMAIL:		Phone:		
ERVICE PLACEMENT: NAME OF SITE SUPERVISOR:						
Service Week	Date and Total # Hours of Service	Date of Absence	Initials of Site Supervisor		for Absence (i.e. site student sickness, etc.)	Date of Make-up
* Week 1						
Week 2						
Week 3						
Week 4						
Week 5						
Week 6						
Week 7						
Week 8						
Week 9						
Week 10						
Week 11						
* Extra Hours: for students who started earlier than Week 1						
Week for Make-ups						
TOTAL NUMBE	ER OF HOURS SERVI	ED AT PL	ACEMENT:			
The Service-Learn duration of the er Students are allov up this time. Students who hav Practicum and ma	ing commitment requires studentire academic semester.  Wed no unexcused absences; selents are strongly encouraged  We 2+ absences and/or less that  By not receive a passing grade.  Sust be signed by both the studentire academics.	ite closures d to make-up a n 30 hours of	lo not count toward all other absences. f service for the ser	d this absence	and students are not resp	onsible for maki
certify that I serve	d during the hours record	ded on this	timesheet.			y, August 14 .
•	udent has served the hou SIGNATURE:					