

SERVICE LEARNING TIME SHEET

Chicago Public Schools

Name: _____ Home Phone: _____

Home Address: _____ Zip Code: _____

School: _____ Division #: _____

Site/Project Name: _____

| DATE | TIME IN | TIME OUT | TOTAL HOURS | Supervisor's signature |
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| TOTAL HOURS ON THIS SHEET | | | | |

Received: _____ Date: _____

Service Learning Coach signature

Please return this sheet to your Service Learning Coach.