



**School of Education
Educational Policy and Community Studies**

**Community Service Volunteer
ED POL 202**

Student's Name _____ Date _____

Student's Telephone Number _____ Number of Credits _____

Student's E-Mail _____

Time Sheet for the Month of _____ **Example of How To
Fill in the Time Sheet**

Mon. 11
8 A.M. – 10 A.M.
2 Hours

ALL INFORMATION ON THIS FORM MUST BE IN INK!

SUN	MON	TUES	WED	THUR	FRI	SAT

TOTAL NUMBER OF HOURS THIS MONTH _____

Supervisor _____

Date _____

Signature

Agency _____

Phone _____

THIS TIME SHEET MUST BE TURNED IN FIVE DAYS AFTER THE END OF THE MONTH IT REPORTS, OR EARLIER. FAILURE TO DO SO MAY RESULT IN FAILURE IN THE COURSE.