

## Kingsborough Community College Service-Learning Timesheet

Name of Student: \_\_\_\_\_

Section: \_\_\_\_\_ Semester: \_\_\_\_\_

Name of Instructor: \_\_\_\_\_

Name of Field Site (School): \_\_\_\_\_

Field Supervisor (s): \_\_\_\_\_

Total Number of Hours: \_\_\_\_\_

	Date	Time	Signature of Field Supervisor
Week 1			
Week 2			
Week 3			
Week 4			
Week 5			
Week 6			
Week 7			
Week 8			
Week 9			
Week 10			
Week 11			
Week 12			