

Time Log for Community Service Hours

Part 1: To be completed by the student.

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| Student Name: | Student ID: |
|---------------|-------------|

| Date | Starting Time | Ending Time | Number of Hours |
|------------------------|---------------|-------------|-----------------|
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| Total Number of Hours: | | | |

Part 2: To be completed by the supervisor.

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|--------------------------|-------------------|
| Supervisor Name: | Supervisor Title: |
| Supervisor Signature: | Institution: |
| Supervisor Phone Number: | Date: |