# Service-Learning in Economics of Sustainability Timesheet

*You must serve the minimum number of hours required by your instructor and return this timesheet to Grace* ***at least 1 full week before the end of the quarter****. Please be sure to have your agency supervisor sign at the bottom to verify your hours served.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Student Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Dates of Service

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Agency Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Supervisor Name, Telephone, and Email

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Week 1 | Date  |  |  |  |  |  |  |  |
| Hours |  |  |  |  |  |  |  |
| Week 2 | Date |  |  |  |  |  |  |  |
| Hours |  |  |  |  |  |  |  |
| Week 3 | Date  |  |  |  |  |  |  |  |
| Hours |  |  |  |  |  |  |  |
| Week 4 | Date  |  |  |  |  |  |  |  |
| Hours |  |  |  |  |  |  |  |
| Week 5 | Date  |  |  |  |  |  |  |  |
| Hours |  |  |  |  |  |  |  |
| Week 6 | Date  |  |  |  |  |  |  |  |
| Hours |  |  |  |  |  |  |  |
| Week 7 | Date  |  |  |  |  |  |  |  |
| Hours |  |  |  |  |  |  |  |
| Week 8 | Date  |  |  |  |  |  |  |  |
| Hours |  |  |  |  |  |  |  |
| Week 9 | Date  |  |  |  |  |  |  |  |
| Hours |  |  |  |  |  |  |  |
| Week 10 | Date  |  |  |  |  |  |  |  |
| Hours |  |  |  |  |  |  |  |

Total Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Student Signature and Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Supervisor Signature and Date