

**CENTER FOR SERVICE-LEARNING AND VOLUNTEERISM  
SERVICE PROJECT TIMESHEET**

To be submitted **after** approved service project occurs. This form must be turned in no later than two (2) weeks **after** the approved service projects occurs.  
You **should not** include your project planning hours, travel to and from the project site, or meal times in these service hours.

Name of Non-profit Organization \_\_\_\_\_ Event Title \_\_\_\_\_

Description of Service Project Activities Performed \_\_\_\_\_

*Site Leader & Agency Supervisor: By signing, I certify that the hours of service performed and the names and activities recorded on this form are true and correct.*

Printed Name of OLLU Site Leader(s) \_\_\_\_\_ Signature of OLLU Site Leader(s) \_\_\_\_\_

Printed Name of Agency Supervisor at Project (or Organization's Advisor) \_\_\_\_\_ Phone \_\_\_\_\_

Agency Supervisor or Organization Advisor's Signature \_\_\_\_\_ E-mail \_\_\_\_\_

	DATE	STUDENT ORGANIZATION (IF APPLICABLE)	NAME (PRINT CLEARLY)	OLLU STUDENT ID #	E-MAIL	PHONE	TIME IN	TIME OUT	TOTAL HOURS
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

White : CSLV  
Yellow : Individual or Student Organization  
CSLV 09/2011

For Office Use Only    Date Entered ____/____/____ by _____
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