



## Academic Service-Learning Center Student Timesheet

\_\_\_\_ Curriculum ASL  
\_\_\_\_ Recurrent ASL

STUDENT ID

STUDENT NAME

PHONE NUMBER

E-MAIL

INSTRUCTOR

COURSE TITLE

SECTION NUMBER

COMMUNITY PARTNER (CHECK WITH INSTRUCTOR)

YEAR

SEMESTER

Date	Describe your service activity	Hours Served

Date	Describe your service activity	Hours Served

Total  
Academic  
Service  
Learning  
Hours

Breakdown of Total Hours: Please indicate the number of hours for each type of service:

\*Note: these three boxes should sum to = (Total Hours Served)

Indirect  
Service

\*time spent planning, preparing  
and researching

Direct  
Service

\*service typically performed on  
site

Travel

\*time spent traveling to  
and from community partner(s)

**GRCC Student:** As a GRCC student I hereby certify that all statements on this timesheet are truthful. If any statements are found to be false, I understand I will not receive an Academic Service Learning Transcript Endorsement and I may be subject to disciplinary actions.

Signature:

Date:

**Community Partner Supervisors:** I verify that this student completed the above service-learning hours.

Name of Organization :

Signature:

Supervisor (print name):

Date:

**GRCC Instructors/Supervisors:** I verify that this student completed all necessary requirements of the service-learning experience.

Signature:

Date:

Note: On your instructor's due date, submit student and community partner signed timesheet directly to your instructor who will then sign and submit it to the ASLC.

FOR OFFICE USE ONLY:

Received by:	Date Received:	Transcript Input Date:	ASLC Input Date: