SERVICE LEARNING TIME SHEET

Chicago Public Schools

Name: _____ **Home Phone:** _____

Home Address: _____ **Zip Code:** _____

School: _____ **Division #:** _____

Site/Project Name: _____

DATE	TIME IN	TIME OUT	TOTAL HOURS	Supervisor's signature
TOTAL HOURS ON THIS SHEET				

Received: _____ **Date:** _____

Service Learning Coach signature

Please return this sheet to your Service Learning Coach.