SERVICE LEARNING TIME SHEET

Chicago Public Schools

Name:	ame:		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: Service Learning Coach signature			[Date:	

Please return this sheet to your Service Learning Coach.