

Service Learning Documentation Log of Time

Student Name: _____ Advisory Teacher: _____ Grade: _____

Date of Service	Time of Day	Name of Organization and Description of Service	Inside Hours	Outside Hours	Total Time	Letterhead Verification Attached?

Total Hours: _____

Inside Hours _____ Outside Hours _____

Note: Only 10 of your 20 Service Learning Hours for the year can be done at CHECHS (inside hours).

Student Signature: _____ Date Submitted: _____