

Community-Based Learning Time Sheet

Trinity University
INT 115: First Year Seminar

Student: _____

Site: _____

Please list the dates and times you worked at your community-based learning site each week below. At the end of each month, your on-site supervisor should sign off. Turn in sheets as completed to your Trinity University instructor.

MONTH/YEAR _____

Week One Dates: ____/____ through ____/____

Day	Hours Served
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Week Two Dates: ____/____ through ____/____

Day	Hours Served
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Week Three Dates: ____/____ through ____/____

Day	Hours Served
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Week Four Dates: ____/____ through ____/____

Day	Hours Served
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

On-site supervisor's name and title

On-site supervisor's signature and date