EVC CENTER FOR SERVICE-LEARNING & PUBLIC SERVICE

PUBLIC SERVICE LOG

Student Name _____ **Agency Name** _____

Student ID # _____ **Supervisor's Name** _____

Semester/Year _____ **Title** _____

Phone _____

Email _____

Please describe your tasks and responsibilities:

Date	Start Time – End Time	Total Hours	Supervisor Initials	Date	Start Time – End Time	Total Hours	Supervisor Initials
	Total Hours				**Total Hours**		

Student Signature _____ **Date** _____

Site Supervisor Signature _____ **Date** _____

White: Center for Service-Learning & Public Service Yellow: Student Pink: Agency

Updated: 8/31/2020