STUDENT TIMESHEET

Student Name: _____
Room: _____
Period: _____
Phone: _____

Supervisor's Name: _____
Phone: _____
Agency: _____
Phone: _____

Date	Time-In	Time-Out	Total Hours	Student Signature	Supervisor's Approval

Total Hours: _____----Note: Student should complete at least 32 Hours of Christian Service unless there is more than one project. At the end of the project, persons concerned should sign below attesting to the accuracy of service hours. RETURN THIS EVALUATION FORM TO CBC COORDINATOR. Thank You!

Supervisor's Signature: _____

Student's Signature: _____