

CENTER FOR CIVIC ENGAGEMENT

MONTHLY RECORD OF SERVICE HOURS

Office Use Only	
Date Entered: _____	Initials: _____
Date Verified: _____	Initials: _____

Name: _____ Student ID: _____ Month: _____

Course* (if applicable): _____ ***Check if DDP Student *Please use a separate form for each course**

DATE	# OF SERVICE HOURS COMPLETED	PLACEMENT	POSITION	VERIFICATION (agency personnel or equivalent)	
				by signing you agree that the hours are an accurate record of service print name	signature
Example 8/30/08	Example 2.5	Example An Awesome Agency	Example Child Care Aide	Example Butch T. Cougar	Example <i>Butch T. Cougar</i>

To be completed by the student:
<p>In order to properly document the impact you have made in the community, please describe the above quantified service completed during your service experience (Ex. # animals socialized, # of children tutored, # of people assisted)</p>

NOTE: My signature certifies this is an accurate record of my service learning activities and I understand any falsification of hours will be referred to the Office of Student Conduct for academic dishonesty. WAC 504-25-300.

Student Signature _____ Date: _____

Make a copy for your records