

SUNY POLYTECHNIC INSTITUTE

Community Service Time Sheet

Student name: _____

Student email: _____ Student Phone: _____

Hours required: _____ Date assigned: _____ Date to be completed by: _____

Brief description of community service program (to be completed by the student):

I hereby certify that the hours recorded are complete and accurately reflect my hours worked.

Student signature: _____

Agency Information

Agency name: _____ Agency contact name: _____

Agency address: _____ Agency Phone: _____

I hereby verify that the above SUNY Poly student has completed a total of _____ hours with this agency.

Supervisor name: _____ Supervisor signature: _____

Date	IN	OUT	Total Number of hours completed

Campus Life Office Use Only:

Received on: _____ Case Number: _____

Signature of completion & verification of hours: _____