



Eastfield College

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

Campus Wide Service Learning Program (Non-pilot courses) – Student Timesheet
Service Learning website: <https://www.eastfieldcollege.edu/slfeefc/service-learning/pages/default.aspx>

Eastfield College students submit the form to Service Learning in C-145 & your professor

Name (last) _____ (first) _____

Student ID _____ Email _____

Telephone (primary) (_____) _____ - _____ (secondary) (_____) _____ - _____

Eastfield Instructor(s) for Service Learning Credit _____

Course(s) for Service Learning Credit (e.g. PHIL 1301) _____

Name of Agency Where you are Serving _____

.....
Name of Volunteer Coordinator _____ Email _____ Phone # _____

Requirements of Service Learning Program - Service is required to be with a DCCCD Service Learning Agency Partner. For a list of DCCCD Service Learning Agency Partners please visit this web page: <https://www.dcccd.edu/slfe/servicelearn/pages/agencies.aspx> You must serve a minimum of 15 hours. Orientation time does not count toward the 15 hours. A limited number of instructors and agencies require more than 15 hours. If this applies to you, you must fulfill their minimum to receive academic credit for taking part in Service Learning.

Deadline to Complete Service Hours - Your hours **must** be completed by the appropriate deadline provided below. *If you finish early, we encourage you to continue serving. If this is not possible, please advise the agency when you will be leaving so they can adjust their volunteer schedule.*

- Spring 1st 8 week course: March 8**
- Spring 2nd 8 week course: May 10**
- Spring 16 week course: May 10**

Reporting of Hours to Instructors - Record your hours on this form at each visit to your service site. Turn it in on or before deadline. *You may wish to submit a copy of your timesheet to your instructor, but turn in the original form to the Service Learning and Civic Engagement Coordinator, C-145.*

	<u>DATE:</u>	<u>TIME IN & OUT:</u>	<u>TOTAL HRS:</u>	<u>BRIEF DESCRIPTION OF ACTIVITY:</u>	<u>SUPERVISOR SIGNATURE:</u>
1					
2					
3					
4					
5					
6					
7					
8					

TOTAL HOURS FOR THIS SHEET: _____ GRAND TOTAL FOR ALL SHEETS _____

Sheet ___ of ___