Service-Learning Time Log
ED252 Early Childhood Education

Student Name: _________________________  Placement: ____________________________
Placement Contact Person: ______________  Direct Supervisors Name: ______________
Placement Phone: ______________________  Direct Supervisor’s Phone: ______________

*Note to Supervisors: Please only sign after students have documented service hours for each day.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time In</th>
<th>Time Out</th>
<th>Daily Hours</th>
<th>Supervisor’s Signature (only after end of shift)</th>
<th>Supervisor/Student Comments</th>
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Total Hours: ________

IMPORTANT: Make sure to include the signatures requested below before submitting form.

*All signatures are required in order to obtain full credit for the service experience.
*Time Logs due by ____________________. (Total of 10 hours)

Student: ________________________________  Date: __________________

**Please sign below after total hours are complete prior to each deadline.

**Supervisor: ___________________________  Date: __________________

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