DEPAUL UNIVERSITY
STEANS CENTER FOR COMMUNITY-BASED SERVICE LEARNING
Community Service Quarterly Time Record

Date:	Time In:	Time Out:	Total Time:	Activities:

Name: _____ Course: _____
Quarter: _____ Organization: _____

Total hours served: _____ Supervisor: _____

_____ _____
Student's Signature date Supervisor's Signature date

Please note: Originals of this time log must remain at the site; please make a copy for yourself!