Instructions:
1) Make sure all parts are filled out below
2) Only approved community service as outlined on Blackboard or with special written approval by the FRD or IST Coordinator will be accepted
3) Any changes to this form are only to be completed by and must be initialed by the supervisor
4) Check your Math: (Time Out) – (Time In) = (Hours Served)
5) When complete, give this form to your grading GRM

SUPERVISORS: If you have any questions or concerns, contact cdelgior@oswego.edu

DATE OF PROJECT ___________ ORGANIZATION ________________________________

TIME IN ______________________ TIME OUT ____________________________

WRITE OUT HOURS IN WORDS (e.g., 2=two):

TASK(s)

SUPERVISOR NAME (PRINT) ____________________________________________

SUPERVISOR’S PHONE ( ) ___________________________ EMAIL ______________________

SUPERVISOR SIGNATURE

DATE OF PROJECT ___________ ORGANIZATION ________________________________

TIME IN ______________________ TIME OUT ____________________________

WRITE OUT HOURS IN WORDS (e.g., 2=two):

TASK(s)

SUPERVISOR NAME (PRINT) ____________________________________________

SUPERVISOR’S PHONE ( ) ___________________________ EMAIL ______________________

SUPERVISOR SIGNATURE

DATE OF PROJECT ___________ ORGANIZATION ________________________________

TIME IN ______________________ TIME OUT ____________________________

WRITE OUT HOURS IN WORDS (e.g., 2=two):

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