

Community Service Log – IST 190/390

NAME _____ ROOM NUMBER _____

ID NUMBER _____



Instructions:

- 1) Make sure all parts are filled out below
- 2) Only approved community service as outlined in the IST 190/390 syllabus 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 budhinath.padhy@oswego.edu

DATE OF PROJECT _____ ORGANIZATION _____

TIME IN _____ TIME OUT _____ HOURS SERVED _____

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 _____ HOURS SERVED _____

WRITE OUT HOURS IN WORDS (E.G., 2=TWO): _____

TASK(S) _____

SUPERVISOR NAME (PRINT) _____

SUPERVISOR'S PHONE (____) _____ EMAIL _____

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