Community INVOLVEMENT CENTER
WEBER STATE UNIVERSITY

Month/Year_____

Log of Service Hours

Name _____W#_____
Address _____ _____Phone (_____)_____
City_____State_____Zip Code_____
Place of Service _____
Address _____ _____Phone (_____)_____
City_____State_____Zip Code_____
Name of Site Supervisor _____
Service Title/Position _____
I am: ☐ Student ☐ Faculty ☐ Staff

Are these hours related to a course assignment? ☐ Yes ☐ No
If yes, list Course Name: _____
Number: _____
Instructor: _____
I am: ☐ *continuing* to serve at this agency.
☐ *finished* with my service at this agency.
☐ *interested* in information about other agencies.

Date	Time In	Time Out	Hours	Description of Activities

Total Hours Completed

I certify that the above named individual worked _____ hours as recorded above.

SUPERVISOR'S SIGNATURE _____ Date_____

Return completed form to: Community Involvement Center, Shepherd Union Bldg, Room 327 or via mail at: 2113 University Circle, Ogden, UT 84408-2113