Service Learning Hours Log

Student Name: _____

Organization/Site Name: _____

Supervisor's Name: _____

Supervisor's Phone Number: (__ __ __) __ __ __ - __ __ __ __

Date of Service	Begin Time of Service	End Time of Service	Supervisor's Signature	Total Time in minutes
			Total Minutes	

Total **hours** for this sheet: _____

Student Signature: _____

By signing this I acknowledge that the information above is truthful and accurate, and that my instructor may contact the supervisor to verify any of the details.

Submit all forms via one of the following options (listed in order of preference):

1. scan and attach to assignment
2. fax to 262-970-1148
3. mail to: eAchieve Academy Wisconsin
   Attn: Jennifer Lemke-Pawlak 222 Maple Ave. Waukesha, WI 53186

Jennifer Pawlak 262-994-5927 jlemke-p@waukesha.k12.wi.us