



For Office Use: 7/09
 Date submitted: _____
 Entered by: _____ Date: _____
 Verified by: _____ Date: _____
 Late

INDIVIDUAL SERVICE TIMESHEET

Banner Number: _____ **Phone Number :** _____

First Name: _____ **Last Name:** _____

Classification: Freshman Sophomore Junior Senior Grad. Faculty/Staff

DATE of Service Activity	ORGANIZATION Served and/or PROJECT Name (& City)	Description of ACTIVITY	Total Hours
Beginning date: _____			
Ending date: _____			

Credit: Indicate below if service is needed for credit.

Scholarships:

LYNAY

Course Credit:

Course: Dept/Course Number _____
 Professor Name _____

Groups: Indicate if service was performed as part of a group project.

UNIV 100 Class

Social Club _____

Athletics Team _____

Residence Hall _____

SALT Other _____

Activities: Indicate if service described above was part of one of the following:

Welcome Week

Service Saturday

Weekend Campaign

ACU for Abilene Service Day (April event)

Spring Break Campaign

Other _____

All service activities must be submitted with the signature of an on-site or other appropriate supervisor. Forms submitted without a signature will not be accepted.

Name of supervisor (please print): _____ PHONE: _____

SIGNATURE of supervisor: _____ DATE: _____

ACU Volunteer and Service-Learning Center

McGlothlin Campus Center, #30 (Lower Level)

ACU Box 27867, Abilene, TX 79699-7867

Phone: 674-2932 Fax: 674-6867 Email: vslc@acu.edu Website: www.acu.edu/vslc