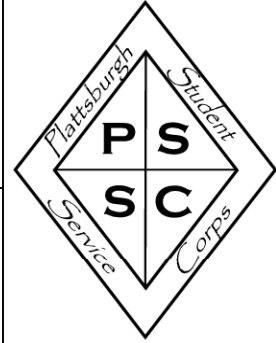


Plattsburgh Student Service Corps Time Sheet



Member Name: _____

Service Site: _____

Day of Week	DATE	TYPE OF SERVICE Check One	SERVICE TIME		TOTAL HOURS
			In	Out	
Thursday		<input type="checkbox"/> On-Site <input type="checkbox"/> Training <input type="checkbox"/> Other _____			
Friday		<input type="checkbox"/> On-Site <input type="checkbox"/> Training <input type="checkbox"/> Other _____			
Saturday		<input type="checkbox"/> On-Site <input type="checkbox"/> Training <input type="checkbox"/> Other _____			
Sunday		<input type="checkbox"/> On-Site <input type="checkbox"/> Training <input type="checkbox"/> Other _____			
Monday		<input type="checkbox"/> On-Site <input type="checkbox"/> Training <input type="checkbox"/> Other _____			
Tuesday		<input type="checkbox"/> On-Site <input type="checkbox"/> Training <input type="checkbox"/> Other _____			
Wednesday		<input type="checkbox"/> On-Site <input type="checkbox"/> Training <input type="checkbox"/> Other _____			
		<input type="checkbox"/> On-Site <input type="checkbox"/> Training <input type="checkbox"/> Other _____			
		<input type="checkbox"/> On-Site <input type="checkbox"/> Training <input type="checkbox"/> Other _____			
		<input type="checkbox"/> On-Site <input type="checkbox"/> Training <input type="checkbox"/> Other _____			

MEMBER SIGNATURE: _____
(must be done in ink)

SUPERVISOR SIGNATURE: _____
(must be done in ink)

STAFF SIGNATURE: _____
(must be done in ink)

Office Use Only:
Quarter On-Site Training Other Date Data Entered Entered By
1 2 3 4