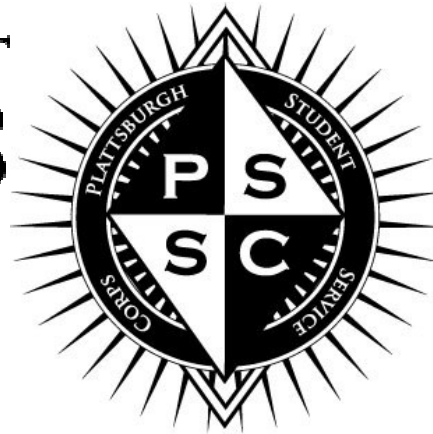


PLATTSBURGH STUDENT SERVICE CORPS



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 _____			
Due on Friday			Total for Week:		

MEMBER SIGNATURE:

(must be done in ink)

SITE SUPERVISOR SIGNATURE:

(must be done in ink)

SUNY Plattsburgh STAFF SIGNATURE:

(must be done in ink)

Office Use Only:				
On-Site	Training	Other	Date	Data Entered
_____	_____	_____	_____	_____
				Entered By
