Cape Fear Community College
Service Learning Work Report

Student: _____ Course: _____

Agency: _____ Instructor: _____

Date	Time		Responsibilities/ Duties Performed	Hours
	In	Out		
			Total Hours Worked at this Site:	

I certify that the above report is a true statement of the duties performed and hours worked at this site.

_____ _____

Student's Signature Date Supervisor's Signature Date