



## COMMUNITY SERVICE TIME SHEET

**Student Information**

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Agency Information**

Agency: \_\_\_\_\_

Supervisor & Phone #: \_\_\_\_\_

**STUDENT:** In accordance with the decision you received, you must complete your community service at an agency listed on the Office of Student Conduct (OSC) website (<https://conduct.uga.edu/community-service-sites/>). Hours completed at an agency outside of those listed on the webpage will not be accepted toward completion of your sanction unless they have been approved by OSC.

DATE	IN	OUT	#HOURS

DATE	IN	OUT	#HOURS

**TO BE COMPLETED BY SUPERVISOR:**

I, \_\_\_\_\_, verify that the above student has completed a total of \_\_\_\_\_ hours with this agency.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GROUP REFLECTION VERIFICATION: To verify participation in the group reflection, the facilitator from University Judiciary MUST sign the form.**

I, \_\_\_\_\_, verify that the above student has completed the group reflection with University Judiciary as a part of their community service sanctioning for the Office of Student Conduct.

Facilitator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_