Maryland School for the Deaf

Student Service Learning Timesheet

Date	Starting Time	Ending Time	Total Hours	Site Supervisor's Initial

SIGNATURE

Student _____ Date _____/ _____ / _____

Site Supervisor _____ Date _____/ _____ / _____

SSL COORDINATOR USE ONLY

Preapproved by _____ Date _____ / _____ / _____

Verification form submitted to coordinator on _____ / _____ / _____

Hours earned previously _____ + Hours for this activity _____ = Total hours _____