BUFFALO STATE
The State University of New York

Civic and Community Engagement Office
Service-Learning
SERVICE LOG

Name_____Phone Number_____
Course Number and Name_____Professor_____
Service Site_____

This service log serves as verification of the service hours required for your course. Please complete and return to your professor.

DATE	TIME IN	TIME OUT	TOTAL HOURS	SERVICES PROVIDED

TOTAL HOURS_____

_____ _____
Student Signature Date

_____ _____
Agency Personnel Signature Date