



# Nursing Time Sheet

STUDENT NAME: \_\_\_\_\_ STUDENT ID #: \_\_\_\_\_

INSTRUCTOR'S NAME: \_\_\_\_\_ CLASS AND SECTION #: \_\_\_\_\_

Date	Time In	Time Out	# of Hours	Description of Service	Site Name	Supervisor's initials
<b>Grand Total # of Hours:</b>						

As supervisor of above service activities, I certify that this Normandale Community College student has completed the recorded hours of volunteer service.

#1 Site Name, Supervisor Name, and Supervisor Signature: \_\_\_\_\_

#2 Site Name, Supervisor Name, and Supervisor Signature: \_\_\_\_\_

#3 Site Name, Supervisor Name, and Supervisor Signature: \_\_\_\_\_

#4 Site Name, Supervisor Name, and Supervisor Signature: \_\_\_\_\_

Hours are due to the Center for Service-Learning, Kopp Student Center KSC1421 by the following dates:  
 NURS 1110/1120: \_\_\_\_\_ NURS 2110/2220: \_\_\_\_\_

**MUST INCLUDE SUPERVISOR SIGNATURE OR NOT VALID**

<http://faculty.normandale.edu/~servlearning/>