



**MOREHEAD STATE  
UNIVERSITY**  
CENTER FOR REGIONAL ENGAGEMENT

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# Hourly Service Log

**Directions:**

Complete the following information below. Please print legibly.

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

MSU ID#: \_\_\_\_\_

Classification (please check one):  Student  Faculty  Staff  Alumni

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Semester/Year: \_\_\_\_\_

Major: \_\_\_\_\_

Student Organization (if applicable): \_\_\_\_\_

**Directions:**

Please fill out the following information with regards to the service you have performed for your community partner. Indicate whether the service you performed can be classified as volunteering, service-learning, or as capstone.

Date	Volunteering	Service-Learning	Capstone	Agency/Organization	Course Number and Instructor (if applicable)	Time In	Time Out	Total Hours

Total Service Hours Reported: \_\_\_\_\_

**Directions:**

In the table below, please indicate the focus area of your service; **only one (1) focus area may be selected!** Be sure to list the agency or community organization with whom you have worked. Also, please have the site supervisor provide their signature in the space provided. Please print legibly.

<b>Community Agency and Site Supervisor Verification</b>	<b>Community Building</b>	<b>Economic and Entrepreneurial Development</b>	<b>Education</b>	<b>Health and Wellness</b>
<p>Agency 1: _____ Site Supervisor: _____ E-mail: _____ Phone: (_____) _____ - _____</p> <p><input type="checkbox"/> Yes, I verify the hours listed above are accurate.</p> <p>Signature: _____</p>				
<p>Agency 2: _____ Site Supervisor: _____ E-mail: _____ Phone: (_____) _____ - _____</p> <p><input type="checkbox"/> Yes, I verify the hours listed above are accurate.</p> <p>Signature: _____</p>				
<p>Agency 3: _____ Site Supervisor: _____ E-mail: _____ Phone: (_____) _____ - _____</p> <p><input type="checkbox"/> Yes, I verify the hours listed above are accurate.</p> <p>Signature: _____</p>				

**AUTHORIZATION**

I hereby authorize that all information provided is, to the best of my knowledge, honest and accurate. By signing below, I give my permission for the staff of the Center for Regional Engagement to verify my hours with any community agency or organization listed above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_