Summer of Service Timesheet

Student Name: _____

Site: _____ **Age:** _____

Is this student's SSN confirmed in writing and on file? ☐ **Yes** ☐ **No**

Week	PROJECT	STAFF COMMENTS
1		
2		
3		
4		
5		
6		
7		

Hours					
M	T	W	Th	F	Total

Staff Name

United Way of Santa Barbara County

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