

## FIELD EDUCATION TIME SHEET

Name: \_\_\_\_\_ Faculty Liaison: \_\_\_\_\_

\*Note: Write in actual hours worked. Exclude lunch and seminar (class) time. Required field site orientation may be included if approved by your field supervisor.

WEEK # \_\_\_\_\_

DAY	DATE	HOURS: FROM ___ TO ___	HOURS: FROM ___ TO ___	SUPERVISION SESSION	TOTAL DAILY HOURS
MON					
TUES					
WED					
THURS					
FRI					
SAT					
SUN					

TOTAL HOURS FOR WEEK: \_\_\_\_\_

WEEK # \_\_\_\_\_

DAY	DATE	HOURS: FROM ___ TO ___	HOURS: FROM ___ TO ___	SUPERVISION SESSION	TOTAL DAILY HOURS
MON					
TUES					
WED					
THURS					
FRI					
SAT					
SUN					

TOTAL HOURS FOR WEEK: \_\_\_\_\_

TOTAL HOURS ON THIS TIME SHEET: \_\_\_\_\_ RUNNING TOTAL HOURS: \_\_\_\_\_

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
FIELD SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
FIELD LIAISON'S SIGNATURE (upon receipt of time sheet)