COMMUNITY PLACEMENT TIME SHEET

SEMESTER: FALL____ SPRING ____ YEAR____

Student Name____________________________________

Course____

Student Email_______________________________________

Student Phone_______________________________________

Agency Name____

Agency Supervisor____

Agency Address____

Agency Phone____

To the Student: In the appropriate space provided, log the number of hours served each week. At the end of each month, enter the total number of contact hours and obtain your agency/school supervisor's signature. **It is your responsibility to have your supervisor sign off on a monthly basis**. Without your supervisor's signature, you will not receive credit for your work. Return completed Time sheet to instructor who will keep it.

Week of	SUN	MON	TUE	WED	THU	FRI	SAT	Total
SUPERVISOR SIGNATURE:						**Total Hours**		

Week of	SUN	MON	TUE	WED	THU	FRI	SAT	Total
SUPERVISOR SIGNATURE:						**Total Hours**		

Week of	SUN	MON	TUE	WED	THU	FRI	SAT	Total
SUPERVISOR SIGNATURE:						**Total Hours**		

Week of	SUN	MON	TUE	WED	THU	FRI	SAT	Total
SUPERVISOR SIGNATURE:						**Total Hours**		

Total Hours of Contact for the Entire Semester _____________

Student Signature____ **Date:**___________________________________