

COMMUNITY PLACEMENT TIME SHEET

SEMESTER: FALL _____ SPRING _____ YEAR _____

Student Name _____

Agency Name _____

Course _____

Agency Supervisor _____

Student Email _____

Agency Address _____

Student Phone _____

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: _____