

Field Student Time Log

Student Name and Id #: _____

Name of agency: _____

Day	Date	Time In	Time Out	Total Hours*	Field Instructor Initials
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Week

Total hours for above week: _____

Day	Date	Time In	Time Out	Total Hours*	Field Instructor Initials
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Week

Total hours for above week: _____

Semester Total: (add up all weekly totals to date): _____

Student signature _____ Date _____

Field Instructor signature _____ Date _____

Don't forget to KEEP A COPY for your records!!!

Time logs can be submitted by hand or scanned and e-mailed to Esther Nieves at ENieves@staugustinelewisu.edu