

LAJ 493 Field Experience Time Sheet

Student Name: _____

Student ID Number:	

Academic Term: _____

Placement Agency: _____

Supervisor's Name:

Required Hours: _____

Student Signature (Once hours are completed):_____

Supervisor Signature (Once hours are completed): _____

Please do not wait until the end of placement to complete form. Should be updated after each time the student works.

Date	Hours Worked	Tasks Completed	Supervisor Initials

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