Student Field Work Log

Date*	Month:			
Activity		**Hours Worked**	**Sick Hours**	**Total Hours**

Total Hours _____ Supervisor Approval _____

Date*	Month:			
Activity		**Hours Worked**	**Sick Hours**	**Total Hours**

Total Hours _____ Supervisor Approval _____

Student's Name: _____

Total Semester Hours: _____

*Note: Do not record more than two days on this sheet.