

OHIO UNIVERSITY, DEPARTMENT OF SOCIAL WORK
MSW STUDENT TIMESHEET

STUDENT NAME: _____ QUARTER: _____
OF HOURS REQUIRED IN FIELD THIS QUARTER: _____

Week 1 – Day, Date, Hours Worked, Daily Total (i.e., Mon., Sept. 9, 9-12, 1-4 = 6 hrs.):

Total Hours in Field this Week: _____ Total Hours in Field this Qtr.: _____

Field Instructor's Signature: _____ Date: _____

Week 2 – Day, Date, Hours Worked, Daily Total:

Total Hours in Field this Week: _____ Total Hours in Field this Qtr.: _____

Field Instructor's Signature: _____ Date: _____

Week 3 – Day, Date, Hours Worked, Daily Total:

Total Hours in Field this Week: _____ Total Hours in Field this Qtr.: _____

Field Instructor's Signature: _____ Date: _____

Week 4 – Day, Date, Hours Worked, Daily Total:

Total Hours in Field this Week: _____ Total Hours in Field this Qtr.: _____

Field Instructor's Signature: _____ Date: _____

Week 5 – Day, Date, Hours Worked, Daily Total:

Total Hours in Field this Week: _____ Total Hours in Field this Qtr.: _____

Field Instructor's Signature: _____ Date: _____

Note: It is expected that the student and field instructor will develop a schedule to be followed throughout the quarter. Exceptions should be pre-approved by the field instructor. Any time missed should generally be made up within that week or the following week at the latest.

Week 6 – Day, Date, Hours Worked, Daily Total:

Total Hours in Field this Week: _____ *Total Hours in Field this Qtr.:* _____

Field Instructor's Signature: _____ *Date:* _____

Week 7 – Day, Date, Hours Worked, Daily Total:

Total Hours in Field this Week: _____ *Total Hours in Field this Qtr.:* _____

Field Instructor's Signature: _____ *Date:* _____

Week 8 – Day, Date, Hours Worked, Daily Total:

Total Hours in Field this Week: _____ *Total Hours in Field this Qtr.:* _____

Field Instructor's Signature: _____ *Date:* _____

Week 9 – Day, Date, Hours Worked, Daily Total:

Total Hours in Field this Week: _____ *Total Hours in Field this Qtr.:* _____

Field Instructor's Signature: _____ *Date:* _____

Week 10 – Day, Date, Hours Worked, Daily Total:

Total Hours in Field this Week: _____ *Total Hours in Field this Qtr.:* _____

Field Instructor's Signature: _____ *Date:* _____

Note: It is expected that the student and field instructor will develop a schedule to be followed throughout the quarter. Exceptions should be pre-approved by the field instructor. Any time missed should generally be made up within that week or the following week at the latest.