

**Office of Student Services
Mandel School of Applied Social Sciences
Case Western Reserve University**

FIELD PLACEMENT MONTHLY TIME SHEET

Month/Year: _____

Student Name (please print) _____

Agency (please print) _____

Registered for Field Period (*Please circle one*) **401A** **502A** **503A** **504A**

Please record total hours worked daily.

Week of	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL
Week of	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL
Week of	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL
Week of	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL
Week of	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL
TOTAL MONTHLY HOURS →→→→→								

I certify that the information provided is true and correct to the best of my knowledge.

Student Signature _____ Date _____

Approvals:

Field Supervisor/Instructor: _____ Date _____

MSASS Financial Aid Director: _____ Date _____