

TIME SHEET

Recreation Program - Field Experience

Student: _____ Date: _____

Field Experience Site: _____

Site Supervisor: _____ Supervisor's Phone: () _____

| Date | Beginning Time | Ending Time | Total Hours | Cumulative Hours | Supervisor Initials |
|------|----------------|-------------|---------------|------------------|---------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | TOTAL: | | |