University of Nevada, Las Vegas
School of Social Work
Field Education Program

Field Practicum Time Sheet

Semester		Year	

Student Name		Agency Name	
Email		AFI Name	
Telephone		Telephone	

Instructions:

You MUST have Adobe Reader installed prior to entering data. Download here: get.adobe.com/reader/

- Time spent on each activity needs to be rounded to the nearest quarter hour (ex. If you spend 1 hour and 42 min. on case notes you would enter 1.75. **Only enter numbers**).
  - The program should automatically total your hours for you.
- Remember to include .5 hour for weekly reading and list the title
- Include the seminar course for each month if attended

Date Range (Monday – Sunday):

	Activity	Time Spent
Monday		
	Total Hours:	0
Tuesday		
	Total Hours:	0
Wednesday		
	Total Hours:	0
Thursday		
	Total Hours:	0
Friday		
	Total Hours:	0
Saturday/Sunday		
	Total Hours:	0

Total Hours (Week): 0	**Total Hours (Semester):** 0

AFI Signature: _____ Date: _____

Date Range (Monday – Sunday):

	Activity	Time Spent
Monday		
	Total Hours:	0
Tuesday		
	Total Hours:	0
Wednesday		
	Total Hours:	0
Thursday		
	Total Hours:	0
Friday		
	Total Hours:	0
Saturday/Sunday		
	Total Hours:	0

Total Hours (Week): 0	**Total Hours (Semester):** 0

AFI Signature: _____ Date: _____

Date Range (Monday – Sunday):

	Activity	Time Spent
Monday		
	Total Hours:	0
Tuesday		
	Total Hours:	0
Wednesday		
	Total Hours:	0
Thursday		
	Total Hours:	0
Friday		
	Total Hours:	0
Saturday/Sunday		
	Total Hours:	0

Total Hours (Week): 0	**Total Hours (Semester):** 0

AFI Signature: _____ Date: _____

Date Range (Monday – Sunday):

	Activity	Time Spent
Monday		
	Total Hours:	0
Tuesday		
	Total Hours:	0
Wednesday		
	Total Hours:	0
Thursday		
	Total Hours:	0
Friday		
	Total Hours:	0
Saturday/Sunday		
	Total Hours:	0

Total Hours (Week): 0	**Total Hours (Semester):** 0

AFI Signature: _____ Date: _____

Date Range (Monday – Sunday):

	Activity	Time Spent
Monday		
	Total Hours:	0
Tuesday		
	Total Hours:	0
Wednesday		
	Total Hours:	0
Thursday		
	Total Hours:	0
Friday		
	Total Hours:	0
Saturday/Sunday		
	Total Hours:	0

Total Hours (Week): 0	**Total Hours (Semester):** 0

AFI Signature: _____ Date: _____

Date Range (Monday – Sunday):

	Activity	Time Spent
Monday		
	Total Hours:	0
Tuesday		
	Total Hours:	0
Wednesday		
	Total Hours:	0
Thursday		
	Total Hours:	0
Friday		
	Total Hours:	0
Saturday/Sunday		
	Total Hours:	0

Total Hours (Week): 0	**Total Hours (Semester):** 0

AFI Signature: _____ Date: _____

Date Range (Monday – Sunday):

	Activity	Time Spent
Monday		
	Total Hours:	0
Tuesday		
	Total Hours:	0
Wednesday		
	Total Hours:	0
Thursday		
	Total Hours:	0
Friday		
	Total Hours:	0
Saturday/Sunday		
	Total Hours:	0

Total Hours (Week): 0	**Total Hours (Semester):** 0

AFI Signature: _____ Date: _____

Date Range (Monday – Sunday):

	Activity	Time Spent
Monday		
	Total Hours:	0
Tuesday		
	Total Hours:	0
Wednesday		
	Total Hours:	0
Thursday		
	Total Hours:	0
Friday		
	Total Hours:	0
Saturday/Sunday		
	Total Hours:	0

Total Hours (Week): 0	**Total Hours (Semester):** 0

AFI Signature: _____ Date: _____

Date Range (Monday – Sunday):

	Activity	Time Spent
Monday		
	Total Hours:	0
Tuesday		
	Total Hours:	0
Wednesday		
	Total Hours:	0
Thursday		
	Total Hours:	0
Friday		
		0
	Total Hours:	0
Saturday/Sunday		
	Total Hours:	0

Total Hours (Week): 0	**Total Hours (Semester):** 0

AFI Signature: _____ Date: _____

Date Range (Monday – Sunday):

	Activity	Time Spent
Monday		
	Total Hours:	0
Tuesday		
	Total Hours:	0
Wednesday		
	Total Hours:	0
Thursday		
	Total Hours:	0
Friday		
	Total Hours:	0
Saturday/Sunday		
	Total Hours:	0

Total Hours (Week): 0	**Total Hours (Semester):** 0

AFI Signature: _____ Date: _____

Date Range (Monday – Sunday):

	Activity	Time Spent
Monday		
	Total Hours:	0
Tuesday		
	Total Hours:	0
Wednesday		
	Total Hours:	0
Thursday		
	Total Hours:	0
Friday		
	Total Hours:	0
Saturday/Sunday		
	Total Hours:	0

Total Hours (Week): 0	**Total Hours (Semester):** 0

AFI Signature: _____ Date: _____

Date Range (Monday – Sunday):

	Activity	Time Spent
Monday		
	Total Hours:	0
Tuesday		
	Total Hours:	0
Wednesday		
	Total Hours:	0
Thursday		
	Total Hours:	0
Friday		
	Total Hours:	0
Saturday/Sunday		
	Total Hours:	0

Total Hours (Week): 0	**Total Hours (Semester):** 0

AFI Signature: _____ Date: _____

Date Range (Monday – Sunday):

	Activity	Time Spent
Monday		
	Total Hours:	0
Tuesday		
	Total Hours:	0
Wednesday		
	Total Hours:	0
Thursday		
	Total Hours:	0
Friday		
	Total Hours:	0
Saturday/Sunday		
	Total Hours:	0

Total Hours (Week): 0	**Total Hours (Semester):** 0

AFI Signature: _____ Date: _____

Date Range (Monday – Sunday):

	Activity	Time Spent
Monday		
	Total Hours:	0
Tuesday		
	Total Hours:	0
Wednesday		
	Total Hours:	0
Thursday		
	Total Hours:	0
Friday		
	Total Hours:	0
Saturday/Sunday		
	Total Hours:	0

Total Hours (Week): 0	**Total Hours (Semester):** 0

AFI Signature: _____ Date: _____

Date Range (Monday – Sunday):

	Activity	Time Spent
Monday		
	Total Hours:	0
Tuesday		
	Total Hours:	0
Wednesday		
	Total Hours:	0
Thursday		
	Total Hours:	0
Friday		
	Total Hours:	0
Saturday/Sunday		
	Total Hours:	0

Total Hours (Week): 0	**Total Hours (Semester):** 0

AFI Signature: _____ Date: _____

Date Range (Monday – Sunday):

	Activity	Time Spent
Monday		
	Total Hours:	0
Tuesday		
	Total Hours:	0
Wednesday		
	Total Hours:	0
Thursday		
	Total Hours:	0
Friday		
	Total Hours:	0
Saturday/Sunday		
	Total Hours:	0

Total Hours (Week): 0	**Total Hours (Semester):** 0

AFI Signature: _____ Date: _____

Date Range (Monday – Sunday):

	Activity	Time Spent
Monday		
	Total Hours:	0
Tuesday		
	Total Hours:	0
Wednesday		
	Total Hours:	0
Thursday		
	Total Hours:	0
Friday		
	Total Hours:	0
Saturday/Sunday		
	Total Hours:	0

Total Hours (Week): 0	**Total Hours (Semester):** 0

AFI Signature: _____ Date: _____