CSUDH
CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS
College of Health, Human Services and Nursing
Department of Human Services

FIELDWORK TIME LOG

Student Name: ______________________________ Term: __________ Year: __________

Agency Name: ______________________________ Course: __________ Section: __________

Date	Time In	Lunch: Out/In	Time Out	Hours Worked	Activity Engaged In	Field Supervisor Signature
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			TOTAL HOURS	0		