

WORK RECORD
Department of Criminology
University of Ottawa

STUDENT'S NAME: _____

AGENCY: _____

SUPERVISOR: _____

Please record the hours you spend at the field placement agency each week. In some placements the hours will be irregular depending on responsibilities. Estimate your time, rounding to the nearest quarter-hour, and have your supervisor sign this form. This form must be submitted to the Field Placement Coordinator at the end of the placement.

WEEK	DAY 1	DAY 2	DAY 3	DAY 4	TOTAL
TOTAL					

Supervisor's Signature

Date