**Hours Timesheet**

Term: Fall 23 Winter 24 Spring 24 Summer 24 Student Name

University of Oregon Family and Human Services

FHS 401 Supervisor

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| **Date** | **Hours** | **Description of Activities** | **Total** |
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| **Date** | **Hours** | **Description of Activities** | **Total** |
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| **GRAND TOTAL** | | |  |
| **Date of Weekly Supervision** | | | |
| **Date** | **Week** | **Student Signature** | |
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Faculty Signature for Verification of Total Hours