



JAMAICA THEOLOGICAL SEMINARY
14-20 WEST AVENUE
KINGSTON 8

BACHELOR OF SOCIAL WORK TIME SHEET

Name of Student: _____ ID#: _____ Semester: _____

Field Placement Agency: _____ Supervisor: _____

Address _____ Date: _____

Indicate the Date of the first day of the Week (month, day, year)	NO. OF WEEKS ON PRACTICUM	NUMBER OF HOURS PER DAY							TOTAL HOURS
		MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	
	1								
	2								
	3								
	4								
	5								
	6								
	7								
	8								
	9								
	10								
	11								
	12								
	13								
	14								
	15								
	16								
	17								
	18								
	19								
	20								
OVERALL TOTAL									

Signatures: **Primary Supervisor** Student.....

The student is responsible for updating the timesheet on a weekly basis.