

UCLA Labor and Workplace Studies

TIME LOG

Class (Number & Title): _____

Quarter/Year: ____/____

Student Name: _____

Phone Number: _____

Email: _____

This form is provided to assist you in tracking the number of hours of fieldwork.

DATE	DESCRIPTION OF SERVICE ACTIVITIES	TIME IN	TIME OUT	TOTAL TIME

TOTAL NUMBER OF HOURS:

I certify that the above service hours are true and accurate.

Student Signature: _____ **Date:** : ____/____/____

Site Supervisor/TA Signature (if applicable): _____ **Date:** ____/____/____