

**Senior Project Time Sheet (Form F)**  
University of Oregon  
Family and Human Services

Name \_\_\_\_\_ Term(s) \_\_\_\_\_

Date	Task(s)	# of Hours	Total Hours to Date

Date	Task(s)	# of Hours	Total Hours to Date

**Site Supervisor Verification of Hours** \_\_\_\_\_ **Date** \_\_\_\_\_  
Signature