SUNY Cortland

Community Health Fieldwork Experience Summary Record of Absences

The CHEA fieldwork student completes the top part of this form and asks the agency supervisor to complete the record of absences and sign the form. The form is submitted to the college supervisor at the end of the student’s fieldwork semester.

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| --- | --- | --- | --- |
| **Student Name:** |  | **Cortland ID:** |  |
| **Date:** |  | **Current Phone:** |  |
| **College**  **Supervisor:** |  | **Current Email:** |  |
| **Fieldwork Semester (check one): ☐ Fall ☐ Spring ☐ Summer** | | | |
| **Year:** |  |  | |

The student named above has been present during the days and hours required except as indicated below.

|  |  |  |
| --- | --- | --- |
| **Dates of Absence** | **Hours (if not full day)** | **Reason for Absence** |
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|  |  |  |
|  |  |  |

Agency Supervisor Signature:

Agency Supervisor Print Name:

Date:

9/4/2019