

SUNY Cortland
Healthcare Management Fieldwork Experience
Summary Record of Absences

The HCM 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.

Student Name:		Cortland ID:	
Date:		Current Phone:	
College Supervisor:		Current Email:	
Fieldwork Semester (check one): <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> 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

Agency Supervisor Signature: _____

Agency Supervisor Print Name: _____

Date: _____