

OSU/FST Field Instructor Time Sheet

Instructor Name:

Location: Class:

Date	Time Start	Time End	Task	Total Hours	Event ID#
Total Hours					

Instructor's Signature: _____ Date: _____

Coordinator's Signature: _____ Date: _____

Office Approval: _____

OFFICE USE ONLY:

Account #: _____ Hourly Rate: _____ Event ID#: _____