**Employment and Extended Hours Field Plan**

**West Chester University – MSW Program**

**STUDENT’S NAME:** Click or tap here **SEMESTER/YEAR:**  Select semester, Select year

**FULL TIME EMPLOYMENT INFORMATION**

**Agency Name:** Click or tap here to enter text.

**Job Title:** Click or tap here to enter text.

**Supervisor Name:** Click or tap here to enter text.

**Supervisor Job Title:** Click or tap here to enter text.

**Work Schedule**

|  |  |  |
| --- | --- | --- |
| **Day of Week****(e.g. – Monday)** | **Hours of Day****(e.g. – 9am – 5pm)** | **Hours per Day****(e.g. – 8 hours)** |
| Select day | Click or tap here to enter text. | Click or tap here |
| Select day | Click or tap here to enter text. | Click or tap here |
| Select day | Click or tap here to enter text. | Click or tap here |
| Select day | Click or tap here to enter text. | Click or tap here |
| Select day | Click or tap here to enter text. | Click or tap here |
| Select day | Click or tap here to enter text. | Click or tap here |
| Select day | Click or tap here to enter text. | Click or tap here |
|  | **Total Hours/Week (e.g. - 35 hours):** | Click or tap here |

**Employee Responsibilities**

* Click or tap here to enter text.

**EXTENDED HOURS – MSW PRACTICUM**

**Date you will begin your practicum:** Click or tap to enter a date.

**Date you expect to complete your practicum:** Click or tap to enter a date.

*(224 total hours [foundation]; 252 total hours [concentration])*

**Agency Name:** Click or tap here to enter text.

**Job Title for Practicum Responsibilities:** Click or tap here to enter text.

**Field Instructor Name:** Click or tap here to enter text.

**Field Instructor Title:** Click or tap here to enter text.

**Field Instructor Email Address:** Click or tap here to enter text.

**Field Instructor Phone Number:** Click or tap here to enter text.

**Task Supervisor Name:** Click or tap here to enter text.

**Task Supervisor Email Address:** Click or tap here to enter text.

**Task Supervisor Phone Number:** Click or tap here to enter text.

**Practicum Schedule**

|  |  |  |
| --- | --- | --- |
| **Day of Week****(e.g. – Monday)** | **Hours of Day****(e.g. – 9am – 5pm)** | **Hours per Day****(e.g. – 8 hours)** |
| Select day | Click or tap here to enter text. | Click or tap here |
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| Select day | Click or tap here to enter text. | Click or tap here |
| Select day | Click or tap here to enter text. | Click or tap here |
|  | **Total Hours/Week\*:** | Click or tap here |

***\*MUST be at least 12 hours/week for Foundation students and 13 hours/week for Concentration students.***

***All fall hours must be completed before the beginning of the Spring Semester.***

**Student Practicum Responsibilities** *(Please give a brief summary of the proposed student activities/tasks for your learning and describe how they are DIFFERENT from your work responsibilities.)*

Click or tap here to enter text.

Signatures below indicate knowledge of and agreement with the plan described above:

Student Date

Employment Supervisor Date

Field Instructor Date

WCU MSW Director of Field Education Date