University of Florida Conservation Clinic Bi-weekly Work Report

Name: **For period ending Friday**:

Date turned in:

Please fill out and provide a copy to Barbara Sieger on or before the Thursday following each bi-weekly reporting period.

Date of Weekly Meeting with Supervising Attorney:_____, 20____

Please record time to the quarter hour, *e.g.* 15 minutes = .25 hours, 30 minutes = .50 hours, 45 minutes = .75 hours.

Project	Description of Work Including meetings with Clinic and supervisors	Date	Amount of time (h)
	TOTAL HOURS:		