

CONTROL DE ASISTENCIA DIARIA DE LA PRACTICA DE OFICINA

 EMPRESA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ JEFE INMEDIATO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ALUMNO/A: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SECCIÒN: \_\_\_\_\_\_\_\_

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| FECHA | HORA ENTRADA | HORA SALIDA | FIRMA DE JEFE INMEDIATO |
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 Firma y sello Encargado de la asignatura