JAMVAT TIME CARD*

Student's Name: ____ ______________________________________

(Last name) (First name)

Student's Contact #: ______________________________

Name of Institution: ______________________________

Faculty: ______________________________________

Student's ID #: __________________________________

Supervisor's name: ___________________________________

Alternate Supervisor's name: ___________________________

Supervisor's Contact #: _______________________________

Placement Facility: ___________________________________

Placement Address: ___________________________________

Hours completed on this card: ______________________

MINUTES WILL BE ROUNDED TO THE NEAREST TENTH (10TH)

Date *Month/Day/Year*	Time in	Time out	Duration		Accumulated		Student's Signature	Supervisor's Signature **
			Hrs	Mins	Hrs	Mins		

*Each time card used **MUST** be **SIGNED** and **STAMPED** by the Placement Supervisor.

****Supervisor/s MUST sign for EACH day.**