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 (10^{TH})

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.**