

COORDENAÇÃO DE ESTÁGIO

**FOLHA DE PONTO**

**ESTAGIÁRIO DO GABINETE ODONTOLÓGICO**

MÊS\_\_\_ ANO 20\_\_\_

NOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURSO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SÉRIE: \_\_\_\_\_\_\_ FUNÇÃO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCAL DE TRABALHO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **MANHÃ** | TARDE | **NOITE** |
| **DIA** | **ENTRADA** | **SAÍDA** | **ASS.** | **ENTRADA** | **SAÍDA** | **ASS.** | **ENTRADA** | **SAÍDA** | **ASS.** |
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