

**HOSPITAL DAS CLÍNICAS**

UNIVERSIDADE FEDERAL DE PERNAMBUCO

EMPRESA BRASILEIRA DE SERVIÇOS HOSPITALARES

 **ANEXO VI**

**ATA DE FREQUÊNCIA**

**MÊS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Nome completo do voluntário:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Local de atuação:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Carga horária combinada:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Data**  | **Horário entrada** | **Horário saída** | **Assinatura** |
|  | : | : |  |
|  | : | : |  |
|  | : | : |  |
|  | : | : |  |
|  | : | : |  |
|  | : | : |  |
|  | : | : |  |
|  | : | : |  |
|  | : | : |  |
|  | : | : |  |
|  | : | : |  |
|  | : | : |  |
|  | : | : |  |
|  | : | : |  |
|  | : | : |  |
|  | : | : |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assinatura do supervisor

SIAPE \_\_\_\_\_\_\_\_\_\_\_