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| **Total Horas del Mes:** | | |  | | | | |
| **Experiencias Adquiridas en el mes:** | | | | | | | |
| **Propuesta de mejora en el mes:** | | | | | | | |
| **Validación de actividades diarias**  **Supervisor de la Práctica en la Entidad**: | | | | | **Nombres y Apellidos:** | | |
| **Cargo:** | | |
| **Firma:** | | |
| **Validación de jornada laboral y total de horas mensuales**  **Dpto. de Talento Humano de la Entidad:** | | | | | **Nombres y Apellidos:** | | |
| **Cargo:** | | |
| **Firma:** | | |

Imprimir bitácora en ambas carillas de la hoja