SCHOOL OF HOSPITALITY AND TOURISM MANAGEMENT

UNIVERSITY OF TECHNOLOGY, JAMAICA

Department Head Weekly Meeting Log

Student's Name:……. ID #: ……

Name of Property:…….. Group:……

Name of Department Head:…… Week Ending:…….

Name of Department:……

General Overview of the week's work schedule, activities completed and achievements.

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Department Head's Signature

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Date: …….

Student's Signature

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Date: ……..