

ATTENDANCE REPORT

Student Name:	Student ID:
Company Name:	
Supervisor:	

Starting date of Training:

Single Shift	Additional Timetable if required
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Week 1	Time In	Time Out
Sat		
Sun		
Mon		
Tue		
Wed		
Week 2	Time In	Time Out
Sat		
Sun		
Mon		
Tue		
Wed		
Week 3	Time In	Time Out
Sat		
Sun		
Mon		
Tue		
Wed		
Week 4	Time In	Time Out
Sat		
Sun		
Mon		
Tue		
Wed		
Week 5	Time In	Time Out
Sat		
Sun		
Mon		
Tue		
Wed		
Week 6	Time In	Time Out
Sat		
Sun		
Mon		
Tue		
Wed		
Week 7	Time In	Time Out
Sat		
Sun		
Mon		
Tue		
Wed		
Week 8	Time In	Time Out
Sat		
Sun		
Mon		
Tue		
Wed		

Week 1	Time In	Time Out
Sat		
Sun		
Mon		
Tue		
Wed		
Week 2	Time In	Time Out
Sat		
Sun		
Mon		
Tue		
Wed		
Week 3	Time In	Time Out
Sat		
Sun		
Mon		
Tue		
Wed		
Week 4	Time In	Time Out
Sat		
Sun		
Mon		
Tue		
Wed		
Week 5	Time In	Time Out
Sat		
Sun		
Mon		
Tue		
Wed		
Week 6	Time In	Time Out
Sat		
Sun		
Mon		
Tue		
Wed		
Week 7	Time In	Time Out
Sat		
Sun		
Mon		
Tue		
Wed		
Week 8	Time In	Time Out
Sat		
Sun		
Mon		
Tue		
Wed		

Supervisor Signature: Student Signature:	Company Stamp:
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