

ATTENDANCE REPORT

Student Name:	Student ID:
Company Name:	
Supervisor:	

Starting date of Training:

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

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

Supervisor Signature:
Student Signature:

Company Stamp:
