

STUDENT'S TIME SHEET

Student's Name : _____

Student ID No. : _____

Term/Class : _____

Date of Evaluation : _____

Supervised by

COMPANY'S NAME

Name of Company Representative

Authorised Signature

Week 1 : Date from		to					
Hours	Mon	Tues	Wed	Thurs	Fri	Sat	Total
In							
Out							
Total							

Week 2 : Date from		to					
Hours	Mon	Tues	Wed	Thurs	Fri	Sat	Total
In							
Out							
Total							

Week 3 : Date from		to					
Hours	Mon	Tues	Wed	Thurs	Fri	Sat	Total
In							
Out							
Total							

Week 4 : Date from _____ to _____							
Hours	Mon	Tues	Wed	Thurs	Fri	Sat	Total
In							
Out							
Total							

Week 5 : Date from _____ to _____							
Hours	Mon	Tues	Wed	Thurs	Fri	Sat	Total
In							
Out							
Total							

Week 6 : Date from _____ to _____							
Hours	Mon	Tues	Wed	Thurs	Fri	Sat	Total
In							
Out							
Total							

Week 7 : Date from _____ to _____							
Hours	Mon	Tues	Wed	Thurs	Fri	Sat	Total
In							
Out							
Total							

Week 8 : Date from _____ to _____							
Hours	Mon	Tues	Wed	Thurs	Fri	Sat	Total
In							
Out							
Total							