

(6)
Attendance Sheet

Trainee Information	
Name	
ID	

Week	Number of Absents	Total No. of Min/Hours Late	Remarks
WEEK 1			
WEEK 2			
WEEK 3			
WEEK 4			
WEEK 5			
WEEK 6			
Week 7			
Week8			
WEEK 9			
WEEK 10			
WEEK 11			
WEEK 12			
WEEK 13			
WEEK 14			
WEEK 15			

Training Supervisor Name	
Department	
Training Supervisor Signature	
Date	
Comments	