



Attendance Report

Trainee Information	
Name	
ID	
Department	
Major	

*Note: Please check the applicable cell: (√) for present (x) for absent.

Week	Days	Date	Status*	No. of Min/Hours Late	Remarks
Week #_	Saturday				
	Sunday				
	Monday				
	Tuesday				
	Wednesday				
Week #_	Saturday				
	Sunday				
	Monday				
	Tuesday				
	Wednesday				
Week #_	Saturday				
	Sunday				
	Monday				
	Tuesday				
	Wednesday				
Week #_	Saturday				
	Sunday				
	Monday				
	Tuesday				
	Wednesday				
Total Number of Absent Days					

Comments:

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Training Supervisor Name	
Department	
Training Supervisor Signature	
Date	