

Trainee Name: _____ Trainee Ref No. _____

Month & Year: _____ Institution: _____ Ezech: _____

Date	Time				Weekend	Sick	Vacation	Holidays
	In	Out	In	Out				
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
TOTAL								
NUMBER OF DAYS WORKED:					NUMBER OF DAYS ABSENT:			

Sign _____ Sign & Stamp _____ Name of Supervisor _____
 NABCO Trainee Supervisor Contact of Supervisor _____

Sign _____ Name of District _____
 District Coordinator

PLEASE NOTE: YOUR MONTHLY ALLOWANCE IS PAID ON THE BASIS OF BOTH THE WORK PLACEMENT HOURS AND THE ASSIGNED TRAINING PROGRAMME HOURS ATTAINED