



### Time Sheet – WIL



Learner name and surname:  ID no.

Learner Contact number:  E-mail:

Name of Host Employer (Company name):

Physical address (no. and street name):

Suburb:  City/Town:  Postal Code:

Local Municipality:  District Municipality:

Metropolitan Municipality:  Province:

Name and Surname of Supervisor:  Contact number:

Email address:

How many activities did you complete on your Logbook this Month?  Supervisor signature:

TVET COLLEGE:

MONTH JAN FEB MAR APR MAY JUNE JULY AUG SEPT OCT NOV DEC

#### Week 1 (adjustment week 26 – 31 Oct)

Day	Date	Time in	Time Out	Intern signature	Supervisor signature	Day	Date	Time in	Time Out	Intern signature	Supervisor signature
Wed	26-11-25					Mon	01-12-25				
Thurs	27-11-25					Tues	02-12-25				
Fri	28-11-25					Wed	03-12-25				
Sat	29-11-25					Thurs	04-12-25				
Sun	30-11-25					Fri	05-12-25				
						Sat	06-12-25				
						Sun	07-12-25				

#### Week 3

Day Date Time Time Intern Supervisor Day Date Time Time Intern Supervisor

#### Week 4

		in	Out	signature	signature			in	Out	signature	signature
Mon	08-12-25					Mon	15-12-25				
Tues	09-12-25					Tues	16-12-25				
Wed	10-12-25					Wed	17-12-25				
Thurs	11-12-25					Thurs	18-12-25				
Fri	12-12-25					Fri	19-12-25				
Sat	13-12-25					Sat	20-12-25				
Sun	14-12-25					Sun	21-12-25				

**Week 5**

Day	Date	Time in	Time Out	Intern signature	Supervisor signature	EMPLOYER' STAMP
Mon	22-12-25					
Tues	23-12-25					
Wed	24-12-25					
Thurs	25-12-25					