



## Time Sheet – WIL



higher education  
& training  
Department:  
Higher Education and Training  
REPUBLIC OF SOUTH AFRICA

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

Week1 (adjustment week 26 – 31 Oct)

Week 2

Day	Date	Time in	Time Out	Intern signature	Supervisor signature	Day	Date	Time in	Time Out	Intern signature	Supervisor signature

Week 3

Week 4

