



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	

Week (adjustment week 26 – 31 Oct)

Week

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

Week

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

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							