[EFFECTIVE FROM MAR 2024]



## INTERNSHIP ATTENDANCE SHEET (please complete cells marked in Green)

lame of Student:		Firas Hilman Bin Harizan							
dmission No. :	22	<b>2204679</b> Co		Course:	DEB		Year of Study :		
lame of Company:	Micron Semiconductor Asia Pte Ltd					On PWE (returning to SP on Fri):			
Month:	MAR	Year :	2024		Work Week:	5 Day			
nternship From:	11/3/2024		To	8/8/2024	Lunch Break:	1 Hour			

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Date	Day	Start Time	End Time	No. of Hours	Remarks	Additional Remarks
01/03/2024	Fri			0.00		
02/03/2024	Sat			0.00	Company Off (Full Day)	
03/03/2024	Sun			0.00	Company Off (Full Day)	
04/03/2024	Mon			0.00		
05/03/2024	Tue			0.00		
06/03/2024	Wed			0.00		
07/03/2024	Thu			0.00		
08/03/2024	Fri			0.00		
09/03/2024	Sat			0.00	Company Off (Full Day)	
10/03/2024	Sun			0.00	Company Off (Full Day)	
11/03/2024	Mon	8:00	17:15	8.25		
12/03/2024	Tue	8:00	17:15	8.25		
13/03/2024	Wed	8:00	17:15	8.25		
14/03/2024	Thu	8:00	17:15	8.25		
15/03/2024	Fri	8:00	17:15	8.25		
16/03/2024	Sat			0.00	Company Off (Full Day)	
17/03/2024	Sun			0.00	Company Off (Full Day)	
18/03/2024	Mon	8:00	17:15	8.25		
19/03/2024	Tue	8:00	17:15	8.25		
20/03/2024	Wed	8:00	17:15	8.25		
21/03/2024	Thu	8:00	17:15	8.25		
22/03/2024	Fri	8:00	17:15	8.25		
23/03/2024	Sat			0.00	Company Off (Full Day)	
24/03/2024	Sun			0.00	Company Off (Full Day)	
25/03/2024	Mon	8:00	17:15	8.25		
26/03/2024	Tue	8:00	17:15	8.25		
27/03/2024	Wed	8:00	17:15	8.25		
28/03/2024	Thu	8:00	17:15	8.25		
29/03/2024	Fri			0.00	Public Holiday	
30/03/2024	Sat			0.00	Company Off (Full Day)	
31/03/2024	Sun			0.00	Company Off (Full Day)	

## Attendance Rate

Total No. of Days Worked (excl. P.H.):	14.0	No. of Days Attending Approved Workshops:	0.0
Attendance for Month MAR-2024	14.0	(Attendance = Total No. of Days Worked + No. of Days Attending Approved Workshops)	

☑ I, Firas Hilman Bin Harizan, hereby declare and certify that the attendance table filled above is true and accurate.

	Liras		
Signature of Student			
Date:	5/4/2024		
Verified By:			
	Signature of Company S	upervisor	
Name of Supervisor:			
Dept/Designation:			
Date:			