**Weekly Accomplishment REPORT**

**Name of Student :**

**Year/Program :**

**HTE/Company :**

**Name of Dept. Head/Supervisor :**

**Department:**

| **Month** | **Week #** | **Daily Accomplishment Report / Output** | **Name/Number of Co-workers/teammates in the Activity** | **No. of Working Hours** |
| --- | --- | --- | --- | --- |
| **AUGUST**  **2023** | **Week 1** | * **File Scanning** * **Document Archiving** | * **1 co-worker** | **24 hrs** |
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**Total No. of Working Hours: \_\_\_\_\_\_\_\_\_\_\_**

Certified by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over printed Name

Training Supervisor