

**MONTHLY TIME SHEET**

**Trainee Name:** \_\_\_\_\_

**Trainee Ref No.** \_\_\_\_\_

Date	Day	Time				Hours			Remarks
		In	Out	In	Out	Normal	Sick	Vacation	
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
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Sign.....  
NABCO Trainee

Sign.....  
Line Manager

Date:.....

Sign.....  
District Coordinator

Name of District.....

Date:.....