



| Weekly Activity Report | | | | | No. | | |
|---|--|--|----------------------------|------|------------|------|------|
| Student trainee's name: | | | I.D. No. | | | | |
| Major: | | | Week beginning (date): | | | | |
| Brief description of activities (to be completed by the student trainee): | | | | | | | |
| Sat | | | | | | | |
| Sun | | | | | | | |
| Mon | | | | | | | |
| Tue | | | | | | | |
| Wed | | | | | | | |
| Field Supervisor's declaration Name: 1. I declare that the trainee has attended work for the full number of hours this week except on: Please ONLY cross any days he was ABSENT [X] . 2. Please specify duration of any periods of absence for crossed-out boxes and attach documents (medical certificates etc.) for legitimate excuses. | | | Position in company: | | | | |
| | | | Sat. | Sun. | Mon. | Tue. | Wed. |
| | | | | | | | |
| | | | Signature & Company stamp: | | | | |
| | | | Date: | | | | |