



Name of co-ordinator: _____

TIMESHEET

APPRENTICE: _____ HOST COMPANY: _____

HOST SUPERVISOR'S
SIGNATURE: _____ WEEK ENDING: _____

DAY OF THE WEEK	START TIME	FINISH TIME	HOURS WORKED	T x 1	T x	T x	ALLOWANCES
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							
TOTALS							

NB:PLEASE USE THESE CODES ON TIMESHEET – DO NOT INCLUDE HOURS

AL	Annual Leave	BEV	Bereavement Leave
SK	Sick	ACC1	Work Accident
STAT	Statutory Holiday	ACC2	Non-Work Accident

FOR ENQUIRIES PHONE: 0800 ASK ETCO (0800-275 3826)