**LOCAL TRAINING INITIATIVE TIME SHEET**

**PROJECT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE:** \_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ UN-SCHEDULED ABSENCE

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|  | **PRINT NAME** | **SIGNATURE** | **TIME IN** | **TIME OUT** |  | **TIME OUT** | | **TIME IN** |
| 1 |  |  |  |  |  |  | |  |
| 2 |  |  |  |  |  |  | |  |
| 3 |  |  |  |  |  |  | |  |
| 4 |  |  |  |  |  |  | |  |
| 5 |  |  |  |  |  |  | |  |
| 6 |  |  |  |  |  |  | |  |
| 7 |  |  |  |  |  |  | |  |
| 8 |  |  |  |  |  |  | |  |
| 9 |  |  |  |  |  |  | |  |
| 10 |  |  |  |  |  |  | |  |
| 12 |  |  |  |  |  |  | |  |
| 13 |  |  |  |  |  |  | |  |
| 14 |  |  |  |  |  |  | |  |
| 15 |  |  |  |  |  |  | |  |
| 16 |  |  |  |  |  |  | |  |
| N.B. Participants must sign off if leaving the project for personal reasons | | | | | | | | |
| SIGNATURE OF CO-ORDINATOR/ASSISTANT CO-ORDINATOR | | | | | | | | |
| SIGNATURE OF TUTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | DATE: \_\_\_\_\_ /\_\_\_\_\_/ \_\_\_\_\_\_ | |