

Attendance sheet summary

Name of the student:

Neptun code:

Title of the practice: Compulsory Practice Prior to the Final Examination I. (GYTKKAM521)/Pharmacy internship 1. (GYTK22A- 903)

To be filled by the pharmacist:

1.

Name and address of the pharmacy:	Days worked	Days off	Sick leave
Time of the practice (start date and end date):			
Name of the supervising pharmacist:			

*Date:

Signature of the supervising pharmacist

Seal of the pharmacy (l.s)

2.

Name and address of the pharmacy:	Days worked	Days off	Sick leave
Time of the practice (start date and end date):			
Name of the supervising pharmacist:			

*Date:

Signature of the supervising pharmacist

Seal of the pharmacy (l.s)

*The supervising pharmacist testifies that the student worked the required amount of days.

Attendance sheet summary

To be filled by the student:

	Days worked	Days off	Sick leave
Summary			

Date:

Signature of the student

Note: **The number of days off the student is entitled to is determined based the yearly minimum (20 days) and the length of the practice. For example, if the length of the practice is 3 months, the student is entitled to $[(20/12)*3]$ 5 days of leave.**

The student is also entitled to sick leave. The length of the sick leave is likewise calculated from a yearly minimum (15 days) and the length of the practice.

Regular leave and sick leave are included in the length of practice. Regular days off do not have to be used up. In this case, the pharmacy is obligated to pay for the days not used.