

# Attendance sheet summary

Name of the student:

Neptun code:

Title of the practice: Compulsory Practice Prior to the Final Examination II. (GYTKKAM522)/Pharmacy internship 2 (GYTK22A-904)

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.

Required number of workdays in 2026.:

- February 20 days
- March 22 days
- April 20 days
- May 19 days

## Attendance sheet summary

3.

|   |             |          |            |
|---|-------------|----------|------------|
| 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)

4.

|   |             |          |            |
|---|-------------|----------|------------|
| 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)

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. For the second compulsory practice prior to the final examination, which lasts 4 months, the student is entitled to 4 days of sick leave. Days of sick leave may all be used up at the same pharmacy, but the number of days of sick leave cannot exceed 4 days in 4 months.**

**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.**

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

Required number of workdays in 2026.:

- February 20 days
- March 22 days
- April 20 days
- May 19 days