









| Date<br>(inc.<br>year) | Arrival | Departure<br>from work | Number of<br>hours worked | Working tasks |
|------------------------|---------|------------------------|---------------------------|---------------|
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**By signing here, I confirm that the information in the Work experience records corresponds to the actual working tasks performed within the practical training.**

.....  
 Supervisor's signature, company/institution official  
 stamp

In České Budějovice, on.....

.....  
 Student's signature