

## ON-THE-JOB TRAINING (OJT) TIME SHEET

EMPLOYER NAME:	PHONE #:	ID#:
ADDRESS:		
TRAINEE NAME:	DATES: FROM:	TO:

### TIME SHEET

	<u>SUNDAY</u>	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>	<u>SATURDAY</u>	<u>TOTAL</u>
DATE								
HOURS								
DATE								
HOURS								
								TOTAL OF CURRENT HOURS:

### TIME SHEET

	<u>SUNDAY</u>	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>	<u>SATURDAY</u>	<u>TOTAL</u>
DATE								
HOURS								
DATE								
HOURS								
								TOTAL OF CURRENT HOURS:

	<u>SIGN NAME</u>	<u>PRINT NAME</u>	<u>DATE</u>
EMPLOYER:			
PROGRAM MANAGER:			
TRAINEE:			

BY SIGNATURE WE CERTIFY THAT THE DATES, HOURS, AND WAGES LISTED ON THIS DOCUMENT ARE CORRECT AND CONSTITUTE AUTHORIZED PAYMENT IN ACCORDANCE WITH THE TERMS OF THIS CONTRACT. TRAINEE HAS BEEN OR WILL BE COMPENSATED IN FULL FOR THE TIME PERIOD REPORTED ABOVE. SIGNATURE OF PROGRAM MANAGER INDICATES COMPLETION OF ON-SITE VISIT.