

NAME: _____ APP. YEAR _____

COMPANY NAME _____ OJT IS FOR THE MONTH OF _____ 20 _____

TOTALS EACH COLUMN AND ROW (This means across the columns and down the columns)

HOURS WORKED ON EACH TYPE OF OPERATION										
	A	B	C	D	E	F	G	H	I	TOTAL
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
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21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
TOTAL										

SHOW MINUTES ONLY AS - 15 MINUTES = .25; 30 MINUTES = .50; 45 MINUTES = .75; DO NOT USE ANY OTHER MINUTES
SUPERVISOR AND APPRENTICE MUST SIGN FORM

Supervisor's Signature: _____ Date: _____

Apprentice's Signature: _____ Date: _____

The above signed supervisor certifies this apprentice has worked the above OJT hours at the hourly rate of \$ _____ which is in compliance with the ACCA-NCC progressive wage scale.

Supervisor's Comments - *Circle the appropriate response regarding the apprentice:* Additional Comments: _____

	Poor			Excellent	
Work Habits & Attitude:	1	2	3	4	5
Production:	1	2	3	4	5
Absences:	Acceptable		Unacceptable		

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