

O.J.T REPORT

APPRENTICE NAME: _____ MONTH: _____ YEAR: _____

ADDRESS: _____ PHONE: _____

SS # / UBC # _____ L.U. #: _____ %RATE: _____

AREA	WEEK DATES	WEEK DATES	WEEK DATES	WEEK DATES	WEEK DATES	TOTAL	EMPLOYER INFORMATION
	—	—	—	—	—		
	___ 1 ___	___ 2 ___	___ 3 ___	___ 4 ___	___ 5 ___		
CONCRETE:							1st Week:
							FIRM:
							JOB SITE:
							FORMAN:
FRAMING:							2nd Week:
							FIRM:
							JOB SITE:
							FOREMAN:
INTERIOR SYSTEMS:							3rd Week:
							FIRM:
							JOB SITE:
							FOREMAN:
INTERIOR FINISH:							4th Week:
							FIRM:
							JOB SITE:
							FOREMAN:
SUPPLEMENTAL:							5th Week:
							FIRM:
							JOB SITE:
							FOREMAN:
						APPRENTICE SIGNATURE....
<p>TOTAL HOURS: PREVIOUS HOURS + NEW HOURS = + = </p>							

OJT'S MUST BE TURNED IN ON MONDAY MORNING OF CLASS