Apprentice On-The-Job-Training (OJT) Record

Name: Employer: Month: Year:

Total hours to date	Work code	*Please print clearly. If we cannot read your entries, we will send it back to you.*																														Hours for month	New total hours
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
	Res																																	
	Com																																	
	Ind																																	
	Spec																																	
Daily OJT hours																																		

Signatures:

Apprentice: _____

Comments: _____

_____

_____

Supervisor: _____

Comments: _____

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Form must be in the IEC of Washington office by midnight of the 10th day of the month following the month indicated above.