Carpenters

Month ___ / Year ___

(UBC ID) _____

(Name) _____

(Address) _____

(City, State, Zip) _____

(Phone) _____

(Email) _____

(Signature) _____
(Owner, Supt., Foreman, Payroll)

(Name of Company) _____

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Weekly Total
Dates Week 1								
Dates Week 2								
Dates Week 3								
Dates Week 4								
Dates Week 5								

A SAFETY HSKPG (0.057)	B USE/CARE TOOLS (0.114)	C LAYOUT (0.114)	D PRE-FAB (0.057)	E FABRI-CATION (0.570)	F DISAS-SEMBLY RMNDR

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This Months Hours: _____
Previous Total: _____

Total Program OJT Hours: _____

Instructions:

1) Enter all hours worked each day per week
2) Total all hours in this months total line
3) Complete multiplication across grid
4) Do the addition totaling hours vertically
5) Signed sheet due the 15th

Options to remit OJT sheets: (Mail) 740 Olive St., St. Paul, MN 55130, (Email) ojt@carpenterstraininginstitute.org