



OJT WEEKLY TRAINING REPORT

Trainee Name: _____

Trainee Classification: _____

Project Name and Number: _____

Contractor/Subcontractor: _____

Date Enrolled: _____ Report Period Week Ending: _____

Phase No.	Phase of Training (Per OJT Manual)	Required Hours	Hours This Week	Performance (Circle One)		Total Hours Accum. to Date
				S	NI	
I.				S	NI	
II.				S	NI	
III.				S	NI	
IV.				S	NI	
V.				S	NI	
VI.				S	NI	
VII.				S	NI	
VIII.				S	NI	
IX.				S	NI	
TOTAL HOURS THIS WEEK:						

NOTE: PLEASE LIST ALL PHASES OF TRAINING ON EACH WEEKLY REPORT, EVEN IF TRAINING WITHIN A PHASE HAS BEEN COMPLETED

WEEKLY STATUS REPORT

(Indicate Action Taken)

_____/_____/_____ QUIT _____ WITH NOTICE _____ WITHOUT NOTICE
DATE

_____/_____/_____ DISMISSAL REASON: _____
DATE

_____/_____/_____ SUSPENSION REASON: _____
DATE

_____/_____/_____ LAID OFF REASON: _____
DATE

General Comments: _____

_____/_____/_____
Trainee Signature Trainer Signature Date

_____/_____/_____
Contract Administrator Signature of Approval Date

OJT Form 3 - OJT Weekly Training Report
February 6, 2003

HR-LC-OJT-F-003