Reset Form

DATE:

OJT CONTRACT & TRAINING PLAN #:

OJT AGREEMENT #:

SCPa WORKS
SOUTH CENTRAL WORKFORCE DEVELOPMENT BOARD

ON-THE-JOB TRAINING TIMECARD

PARTICIPANT INFORMATION

PARTICIPANT NAME: _____ **PID#:** _____ **JOB TITLE:** _____

PROGRAM: CHOOSE ONE **PACL OFFICE:** CHOOSE A LOCATION

☐ *I, the Participant, certify training was received as indicated below and in accordance with the dates/hours on the OJT Training Plan and OJT Master Agreement.*

PARTICIPANT SIGNATURE: _____ **DATE:** _____

REPORTED HOURS

Reset Reported OJT Hours

MONTH	DATE 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	TOTAL HRS *(per month)*
																																0.00
																																0.00
																																0.00
																																0.00
																																0.00
																																0.00
																																0.00

Minutes after the hour:	*1-7*	*8-22*	*23-37*	*38-52*	*53-59*	**TOTAL OJT HRS**	0.00
	:00	*:15*	*:30*	*:45*	*:00*		
		.25	*.50*	*.75*	*+1.00*		

BUSINESS INFORMATION

EMPLOYER NAME: _____ **COMPANY/BUSINESS NAME:** _____

☐ *I, the Employer, certify the above participant received training on the dates/hours as indicated above, and in accordance with the OJT Training Plan and OJT Master Agreement.*

EMPLOYER SIGNATURE: _____ **DATE:** _____

SCPa Works OJT Time Card 09.11.2024
SCPa Works is an equal-opportunity organization.
Auxiliary aids and services are available upon request to individuals with disabilities.