



WorkFirst

Monthly Time Report for On-The-Job Training (OJT) Hours

Worker Name _____ Job Title _____
 JAS# _____ Office _____

Employer Name _____ Work Site _____
 Location _____ Phone Number _____

Days of the Month

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

Total Hours Worked

NOTE: Do not include holiday, vacation, or overtime hours.

I certify this is a true and correct report of my time worked during this period.

 Signature OJT Worker

I certify this is a true and correct report of hours worked during this period.

 Signature Work Site Supervisor

**Attach payroll documentation for verification of wages paid.

Payroll documents must show time period for wages paid.

Print Name (Supervisor): _____ Date _____