

CONTRACTOR'S OJT WEEKLY REPORTING FORM

Contractor's Name: _____ SPN: _____

Name of Trainee: _____ Trainee No: _____ Job Classification: _____ Code: _____ Week Ending: _____ Hours worked: _____ Hourly Wage Rate: _____ Training Hours for Week: _____ Total Number of Hours Trained to date: _____
Name of Trainee: _____ Trainee No: _____ Job Classification: _____ Code: _____ Week Ending: _____ Hours worked: _____ Hourly Wage Rate: _____ Training Hours for Week: _____ Total Number of Hours Trained to date: _____
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