

## CONTRACTOR'S OJT WEEKLY REPORTING FORM

**CONTRACTOR NAME:** \_\_\_\_\_ **SPN.:** \_\_\_\_\_

**Submit with corresponding payrolls each week**

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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