



# 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 |                            |
| <b>TOTAL HOURS THIS WEEK:</b> |                                    |                |                 |                          |    |                            |

**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

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