Peaslee Technical College

ON-THE-JOB TRAINING (OJT)
WORK HOURS and
RELATED INSTRUCTION HOURS

Program Sponsor: _____

Reporting Quarter: ❑ 1st ❑ 2nd ❑ 3rd ❑ 4th _____ (Calendar Year)

NAME	**Registration #**	**OJT Hours** (Quarter)	**OJT Hours** (Total)	**RI Hours** (Quarter)	**RI Hours** (Total)

TOTAL				