

COVER SHEET

On-the-Job Training

NAME _____

REQUIRED DOCUMENTATION	1 st	2 nd	3 rd	4 th
Job Placement Acknowledgement				
Florida Application for Employment Certificate				
Training Agreement				
Authorized Signature Site				

PLACE OF EMPLOYMENT VISITATION RECORD

EMPLOYEE EVALUATION RATING SHEET

1 st	9 Weeks	_____
2 nd	9 Weeks	_____
3 rd	9 Weeks	_____
4 th	9 Weeks	_____

DATE	PLACE	INITIALS OJT Coordinator

TIME CARDS

August	September	October
November	December	January
February	March	April
May	June	