

STUDENTS are required to complete this form in *INK* and present to employer for signature.

Time card is due by the 5th of the new month.

EMPLOYERS: Please notify the OJT Coordinator in the event
the student is no longer employed

MANATEE COUNTY OJT ATTENDANCE AND TIME CARD

MONTH OF _____

Student Name _____
(Print Name)

Training Agency _____
(Print-Name of Business)

Type of Training _____
(Print Job Tasks)

Training Address _____ City _____ Zip _____

Phone _____ Supervisor's Name _____
(Print)

Days Absent/Late This Month _____

Week 1

DATE	DAY	HOURS From	Hours To	No. of Hours Worked
	Sunday			
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
	Saturday			
TOTAL		-----	-----	

Week 2

DATE	DAY	HOURS From	Hours To	No. of Hours Worked
	Sunday			
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
	Saturday			
TOTAL		-----	-----	

Week 3

DATE	DAY	HOURS From	Hours To	No. of Hours Worked
	Sunday			
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
	Saturday			
TOTAL		-----	-----	

Week 4

DATE	DAY	HOURS From	Hours To	No. of Hours Worked
	Sunday			
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
	Saturday			
TOTAL		-----	-----	

Week 5

DATE	DAY	HOURS From	Hours To	No. of Hours Worked
	Sunday			
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
	Saturday			
TOTAL		-----	-----	

I verify the above to be a true and accurate record of time and wages and understand that falsification WILL result in termination from the program.

Student's Signature

Employer's Signature

Date

Date

OJT Coordinator/Teacher
Signature _____

Date _____