Name:									
Trade:									
Sponsor:									
Full term of apprenticeship (hours):									
Hours awarded for previous experience	::								
PREVIOUS ON-THE JOB RECORD									
Employer	From	To	Hours						
PREVIOUS TECHNICAL	TRAINING	RECORD							
Name of School	From	To	Hours						
Apprenticeship started on:									
Related classroom instruction started on:									
To the Apprentice:									
This monthly journal is for the purpose of keeping a daily record of your shop and your related classroom instruction. It is to be used in conjunction with your work schodule.									

with your work schedule.

- At the close of each day's work you should enter under the operation columns the number of hours worked on each operation.
- At the end of each month your supervisor should grade your progress and have it recorded on a permanent record.
- This journal is for a period of one month.

Please contact the Connecticut Department of Labor, Office of Apprenticeship Training, if you have any questions.

Phone: 860-263-6085

Email: ct.apprenticeship@ct.gov

CODE	OBTAINED FROM WORK TRAINING SCHEDULE Work Schedule Titles
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MONT	Ή _					YI	EAR							TOTA	L HOU	RS TO	DATE					
Date						HOU	RS WO	RKED	ON EA	ACH TY	PE OF	OPER	ATION	(Refe	r to Co	de Exp	olanati	ons)				
(Enter day of month)	Α	В	С	D	Е	F	G	Н	I	J	K	L	М	N	0	Р	Q	R	S	Т	U	TOTALS
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					OJT GRADE THIS MONTH	SUPERVISOR'S SIGNATURE
CODE:	E=Excellent	G=Good	F=Fair	U=Unsatisfactory		