

### Apprentice Log Book for OJT

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Month: \_\_\_\_\_ 20\_\_\_\_\_ \* Specify all non-related work

#### Hours Worked on Each Type of Operation

Brought Forward	A	B	C	D	E	F	G	H	I	J	K	L	M	N	Other	Total
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
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24																
25																
26																
27																
28																
29																
30																
31																
<b>Total</b>																

Shop Work Grade this Month: \_\_\_\_\_ Minimum Passing Grade: \_\_\_\_\_

Evaluated by: \_\_\_\_\_ (Supervisor) Hourly Rate: \_\_\_\_\_

Notation of Exceptional Recognition or Constructive Criticism: \_\_\_\_\_

Concurrence of Apprentice: \_\_\_\_\_ (Signature)

