



WEEKLY TIMESHEET

On-the-Job Training Employee

HOURLY PAY RATE: \$ _____

For the Payroll Period

FROM: _____ TO: _____

Due on the 18th of each month

Paychecks mailed out on the 25th

OJT EMPLOYEE: _____
(Please Print)

Vocational
Training
Specialist: _____

Phone: _____

Email: _____

OJT EMPLOYER: _____

WEEKDAY	DATE	SHIFT START TIME	LUNCH Start – Stop Times	SHIFT END TIME	HOURS WORKED (minus lunch)
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					

TOTAL HOURS FOR THE WEEK

Round all times to the nearest quarter hour.

OJT Employee Signature: _____

Work Site Supervisor: _____
(Please Print)

Work Site Supervisor Signature: _____

Vocational Training Specialist
Signature: _____

Helping Others Providing Employment

2406 Cypress Glen Drive, Suite 102, Wesley Chapel, FL 33544

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OJT Weekly Timesheet - HOPE Services – Revised July 2019