



OJT Course Documentation Form

Student Name _____ Student ID _____

OJT Documentation for which Course? _____

| Employer Work Request # | Date of Service | Description of Service Requested | Actual Work Performed | Time In | Time Out | Total Time |
|----------------------------|-----------------|----------------------------------|-----------------------|---------|----------|------------|
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| Total OJT From Other Pages | | | | | | |
| Total OJT Submitted | | | | | | |

To the best of my knowledge the above information is complete and accurate. Moreover, I authorize my employer to release documentation verifying the work, I agree to comply with the practices of AC/C TECH, and I understand that if I knowingly provide false information my enrollment can be revoked.

Student Signature _____ Date _____

After completing this form, please obtain two signatures (from a supervisor, manager, director, etc) verifying that the OJT was completed and achieved within the standards of your organization.

| OJT Verification Signatures | Date | Score Recommended | Performance Indicator |
|-----------------------------|------|-------------------|---|
| | | | ----- 95 - 100% Superior 88 - 94% Good 80 - 87% Average 70 - 79% Poor |
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