ON-THE-JOB TRAINING REPORT

REGION #_____ NAME_____ REPORT MONTH _____ YEAR_____

☐ CHECK IF LAID OFF WHOLE MONTH Foreman Cell #_____ Date Report Filed_____

Show in proper space below the number of hours worked on **each process.** Use **Work Experience Schedule** for better description of each work process.

To																															
From																															
DATE	Company	Job	Supervisor Signature	Print Supervisor name	Company	Job	Supervisor Signature	Print Supervisor Name	Care and use of tools	Rigging and signaling	Builders level and transit	Oxy-acetylene cutting and welding	Shielded metal arc welding	Gas systems	Soldering and Brazing	Domestic water systems	Drainage	Plumbing fixtures installation	Basic Electricity	Refrigeration systems	Air Conditioning	Pneumatic Controls	Industrial process piping	Low and high pressure boilers.	Pipe supports and hangers	Other:		"Other" not to be used for work related process listed. Use for work experience schedule for better description of work process			
Pay Stub Week Ending				Hours Worked			Wage Rate																								
1																															
2																															
3																															
4																															
5																															
TOTAL																															

INSTRUCTIONS: Completed monthly report for **EACH MONTH** must be mailed by the **10th of the following month** even if you are **laid off**. **Original report must be sent to the office.** Copy of pay stubs showing proof of hours worked must be attached. Original stubs will not be returned. Please print and total columns. If report is not completed properly, it will be returned and hours will not be posted until all corrections are made. **FOLD NEATLY AND ATTACH THE STUBS TO THE BACK OF THE REPORT. Report/check stubs can be emailed to lu354op@uanet.org or lu354op3@uanet.org.**