

ON-THE-JOB TRAINING ATTENDANCE LOG

TRAINEE'S NAME				DIVISION				
JOB TITLE				INSTRUCTOR'S NAME				
UNIT				INSTRUCTOR'S JOB TITLE				
DEPARTMENT				TELEPHONE				
SN	Main Task	Training Date	Training Time		Total Hours	PR*	Signature	
			From	To			Trainee	Instructor
1								
2								
3								
4								
5								
6								
PREPARED BY			APPROVED BY			OVERALL	HOURS	
							PR*	
DESIGNATION		SIGNATURE		DESIGNATION		SIGNATURE		
		DATE				DATE		

*Performance rating (PR) : A – Very Good B – Good C – Satisfactory D - Inadequate