

**ON-THE-JOB TRAINING
REIMBURSEMENT TIME AND ATTENDANCE REPORT**

TRAINEE NAME: _____
 JOB TITLE: _____
 HOURLY WAGE: _____
 SUPERVISOR: _____
 CONTRACTOR NAME: _____
 CONTRACTOR ADDRESS: _____

PAY PERIODS COVERED: _____

Attach copies of payroll check stubs or copy of payroll register.

TIME & ATTENDANCE REPORTS ARE DUE BY THE 15TH OF THE FOLLOWING MONTH.

WEEK 1 (list date after day of the week)

DATE	SUN:	MON:	TUES:	WED:	THURS:	FRI:	SAT:	TOTAL HRS:
HOURS:								

WEEK 2 (list date after day of the week)

DATE	SUN:	MON:	TUES:	WED:	THUR:	FRI:	SAT:	TOTAL HRS:
HOURS:								

WEEK 3 (list date after day of the week)

DATE	SUN:	MON:	TUES:	WED:	THURS:	FRI:	SAT:	TOTAL HRS:
HOURS:								

WEEK 4 (list date after day of the week)

DATE	SUN:	MON:	TUES:	WED:	THURS:	FRI:	SAT:	TOTAL HRS:
HOURS:								

WEEK 5 (list date after day of the week)

DATE	SUN:	MON:	TUES:	WED:	THURS:	FRI:	SAT:	TOTAL HRS:
HOURS:								

TOTAL HOURS WORKED	GROSS WAGES PAID TO THE TRAINEE THIS MONTH	REIMBURSEMENT AMOUNT FROM LLWA THIS MONTH	TOTAL PAYMENTS TO DATE (include this payment)	TOTAL HOURS WORKED (include these hours)
	\$ X 75%=	\$	\$	

I HEREBY CERTIFY BY MY SIGNATURE THAT THE INFORMATION FURNISHED FOR THE PAYROLL PERIOD ABOVE IS ACCURATE AND IS TAKEN FROM OFFICIAL TIME AND ATTENDANCE RECORDS OF THE CONTRACTOR.

TRAINEE SIGNATURE DATE CONTRACTOR SIGNATURE DATE

*Abbreviations for Absences: S-Sick V-Vacation X-Day off C-Absent without good cause, no pay H-Holiday
 T-Terminated*