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ON-THE-JOB TRAINING TIME FRAME

Name of the Student-Trainee:

Year / Course:

Name of Company/Address:

Required Number of Hours :[illegible]

Prepared by:

Approved by:

Signature over Printed Name of Student – Trainee

Reviewed by:

**Signature over Printed Name of
Company's Authorized Representative**

Signature over Printed Name of OJT Coordinator