

## ON-THE-JOB TRAINING PLAN (ATTACHMENT 3)

Company:

Qualified Trainer(s) Name:

Course Title:

Employee Name	Employee Number	Hours	Beginning Date	Ending Date

\_\_\_\_\_  
OJT Trainer/Coordinator (Signature Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
College Representative (Signature Required)

\_\_\_\_\_  
Date