

Trainee Name:	Qualified Trainer Name:
Contract Provider Name:	Location of Training:

Date (mm/dd/yy)	On-the-Job Training Supervision Hours (From hh:mm to hh:mm)	Cumulative Time (hrs and mins)	Description of competency or skill for which training was provided.
<i>Example 07/13/14</i>	1:00pm to 3:30pm	2hrs 30 mins	Job analysis – Reviewed evaluating essential job functions, marginal job functions and the step-by-step components of all functions/tasks to include an analysis of time to perform each job duty.
			Business engagement – Reviewed dual customer approach (i.e. business as a customer as well as the individual). Discussed strategies for conducting effective job matches and meeting staffing needs.
			Career planning- Reviewed elements of an effective career plan and strategies for supporting an individual with identifying vocational interests. Observed individuals in situational assessments, job shadowing and conducting informational interviews. Participated in a “discovery process” to support an individual with increasing knowledge of types of jobs, businesses and job opportunities in their community.

I, the trainee and trainer, certify that:

- The above dates and times of on the job training are accurate; and,
- A minimum of 6 hours of on-the-job training and supervision is outlined in the above log.

First and last name of trainee:	Signature of trainee:	Completion Date:
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