Reset Form

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION

WORKFORCE SERVICES

sdjobs.org

TRAINING TIMECARD

ON-THE-JOB TRAINING TIMECARD

PARTICIPANT INFORMATION

NAME:_____ **SDWORKS ID#:**_____ **JOB TITLE:**_____

PROGRAM:_____ **JOB SERVICE OFFICE:** (select one)

☐ *rtify training was received as indicated below and in accordance with the dates/hours on the Work-Based Training Plan.*

SIGNATURE:_____ **DATE:**_____

REPORTED HOURS

Reset Reported OJT Hours

MONTH	DATE 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL HRS *(per month)*
																																0.00
																																0.00
																																0.00
																																0.00
																																0.00
																																0.00
																																0.00

Minutes after the hour:	*1-7 :00*	*8-22 :15 .25*	*23-37 :30 .50*	*38-52 :45 .75*	*53-59 :00 +1.00*	**TOTAL OJT HRS**	0.00

BUSINESS INFORMATION

BUSINESS NAME:_____ **REPRESENTATIVE NAME:**_____

☐ *I certify the above participant received training on the dates/hours below and in accordance with the Work-Based Training Plan.*

SIGNATURE:_____ **DATE:**_____