Click the circle to the left of your office/team to set the Team ID and Office Address.

Revised 05/2011

Columbus - Niemeyer	Kearney - Anderson	Norfolk - Griffin	Omaha - Petersen
Fremont - Niemeyer	Lincoln - Bergmann	North Platte - Simmons	Scottbluff - Hofmaier
Grand Island - Sautter	Lincoln - Miller	Omaha - Dixon	South Sioux
Grand Island - Wegner	Norfolk - Mitchell	Omaha - Long	

Team ID _____

State OJT Time Sheet

Click on the line to the right of Trainee Name to type Trainee Name. Tab to next field.

Trainee Name _____

Address _____

_____

City, State, Zip _____

Company Name _____

SSN: XXX-XXX-

Pay Period From: 08/01/2009

To: 08/14/2009

Edit the beginning date to set the dates of the pay period and the days of the week.

Click circle to right to set other day of week fields. Edit first day of pay period if necessary. You must type each date below.

Date	Sat. 08/01/2009	Sun. 08/02/2009	Mon. 08/03/2009	Tue. 08/04/2009	Wed. 08/05/2009	Thu. 08/06/2009	Fri. 08/07/2009	Total Hours.
Total Hours								

<-- You must use "Sat.", "Sun." or "Mon." in the first day of week field. You must type day of week fields if the pay period does not begin with Sat., Sun. or Mon.

Date	Sat. 08/08/2009	Sun. 08/09/2009	Mon. 08/10/2009	Tue. 08/11/2009	Wed. 08/12/2009	Thu. 08/13/2009	Fri. 08/14/2009	
Total Hours								

I certify that the hours shown are a true and accurate representation of time worked by me.

_____ Trainee Signature _____ Date

I certify that the hours shown are a true and accurate representation of time worked by the trainee as authorized.

_____ Worksite Supervisor/Trainer Signature _____ Date

Upon completion, please keep one copy and immediately send original to:

Margaret Clark
NDE Central Accounting
301 Centennial Mall South
PO Box 94987
Lincoln, NE 68509-4987

NDE accounting Amount Paid $	

Please fax a copy to: _____

Section 1

Clear Form | Print