



Team ID \_\_\_\_\_

# State OJT/OJE Time Sheet

Client Name \_\_\_\_\_

SSN: XXX-XXX-\_\_\_\_\_

Address \_\_\_\_\_

Pay Period From: \_\_\_\_\_

\_\_\_\_\_

To: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Company Name \_\_\_\_\_

OJE \_\_\_\_\_ OJT \_\_\_\_\_

Pay period must begin on a Monday

Date								
Total Hours								

Total Hours.

Date								
Total Hours								

Total Hours.

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

\_\_\_\_\_  
Client 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

\_\_\_\_\_  
Nebraska VR Signature

\_\_\_\_\_  
Date

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

NDE accounting Amount Paid \$	
----------------------------------	--

\_\_\_\_\_  
Accounting Clerk Signature