



MONTHLY OJT HOUR REFERENCE FORM

HVAC

THE FORM BELOW IS FOR YOUR RECORDS ONLY AND IS TO BE USED AS A REFERENCE WHILE ENTERING THE STUDENTS' HOURS INTO THE OJT PORTAL. PLEASE DO NOT SEND A COPY OF THIS FORM TO OVCEF, AS IT WILL NOT BE ENTERED INTO THE PORTAL BY STAFF.

APPRENTICE NAME	MONTH	YEAR

PLEASE BE ADVISED:

1. OJT Hours must be submitted by the 10th of each month for the month prior and all hours submitted after the 10th of the month will not be accepted. (For example, if an apprentice had 186 hours worked in October, those hours must be submitted before November 10th.)
2. OJT Hours may not be carried over from the previous month.
3. OJT hours must reflect actual time worked. Vacation, holiday, and sick day hours cannot be submitted.
4. Prevailing Wage Hours and Non-Prevailing Wage Hours both contribute to the total hours worked.
5. Employers must keep a copy of this form for their records.
6. Once OJT hours have been put into the system, they CANNOT be changed.

MONTHLY OJT HOUR REPORTING PROCESS

1. In each column, record the quantity of hours worked for each Work Process during the appropriate weeks.
2. Total the hours for each week and for each work process, then use these totals as reference to ensure they are correct. (For example, if the total hours worked for the week equal to more than 60 hours, there may be a mistake with the written quantities that must be corrected before submission.)
3. Once the quantities have been verified, enter them into the OJT Portal through OVCEF.org for each category individually.
4. IMPORTANT: Before submitting hours, you MUST verify the hours are correct, as they CANNOT be changed after they are submitted.

WORK PROCESSES BY TRADE	TOTAL REQ HOURS	EXAMPLE WEEK ENDING	WEEK ENDING	WEEK ENDING	WEEK ENDING	WEEK ENDING	WEEK ENDING	TOTAL
		6 / 5	/	/	/	/	/	
A. DUCT SYSTEMS	2000	16						
B. HEATING & COOLING ERECTION & INSTALLATION	2400							
C. SHEET METAL LAYOUT & FABRICATION	800	20						
D. CONTROLS, TESTING, & BALANCING	800							
E. PIPING SYSTEMS	800							
F. SOLDERING, BRAZING, & WELDING	500	4						
G. SAFETY	400							
H. SKETCHING, BLUEPRINT READING, CODE	300							
	TOTALS	8000	40					

MISSED WORK	DATE(S)
TERMINATED	
LAI D OFF	
SICK	

WAGE TYPE	TOTAL HOURS	RATE PER HOUR
PREVAILING WAGE		
NON-PREVAILING WAGE		

THE INFORMATION ABOVE IS REQUIRED BY THE STATE OF OHIO

FOR EMPLOYER USE ONLY

Please use this section if you wish to have internal verification that the hours stated above are accurate.

Signature of Apprentice

Date

Signature of Employer Representative

Date