ON-THE-JOB TRAINING PLAN / SCHEDULE

TRAINING SCHEDULE FROM JAN 05 TO JUN 05 - (6 MONTHS)

TITLE OF PROGRAMME :		TOTAL OJT HOURS:
DEPARTMENT :	INSTRUCTOR'S NAME: INSTRUCTOR'S JOB TITLE:	NUMBER OF TRAINEES :

S/N	MONTH	JAN				FEB				MAR				APR				MAY				JUN				REMARKS*
	WEEK	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	
1																										
2																										
3																										
4																										
5																										

PREPARED BY :	APPROVED BY :
DESIGNATION :	DESIGNATION :
SIGNATURE :	SIGNATURE :
DATE :	DATE :

* *For comments on changes in schedule and other contingencies*.

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