**Certification of On-the-Job Hours Completion**

|  |  |  |  |
| --- | --- | --- | --- |
| MONTHS | NO. OF REGULAR HOURS | NO. OF OVERTIME HOURS | NO. OF HOURS LATE/TARDY/  UNDERTIME |
| FEBRUARY |  |  |  |
| MARCH |  |  |  |
| APRIL |  |  |  |
| MAY |  |  |  |

I hereby certify that the above mentioned summary of On-the-Job Hours is true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Signature over Student Trainee Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Student Number

Noted:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Signature over Supervisor Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Signature over OJT Adviser Name