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| Apprentice *(First / MI. / Last Name):* |  | Trainer/Mentor Name(s): |  |
| Occupation: |  |  |  |
| Apprenticeship Start Date: |  | Business Unit/Dept.: |  |
| Apprenticeship Completion Date: |  | Location: |  |

| **ASSIGNED OJL TASKS***(Include occupation-related work tasks outlined in Appendix A of Registered Apprenticeship Standards that the apprentice should demonstrate competency in performing)* | **OJL HOURS COMPLETED** *(Weekly, Monthly, etc.)* | **ENTRY DATE** | **TRAINER INITIALS** | **APPRENTICE INITIALS** |
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| **MAJOR COMPETENCY CATEGORY (XXX HOURS)** |
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| **ASSIGNED OJL TASKS***(Include key, occupation-related work tasks that the apprentice should demonstrate competency in performing)* | **OJL HOURS COMPLETED** *(Weekly, Monthly, etc.)* | **ENTRY DATE** | **TRAINER INITIALS** | **APPRENTICE INITIALS** |
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| **MAJOR COMPETENCY CATEGORY (XXX HOURS)** |
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