Newfoundland Labrador

GOVERNMENT OF NEWFOUNDLAND AND LABRADOR
DEPARTMENT OF EDUCATION
Industrial Training Section

RECORD OF EMPLOYMENT HOURS IN REGISTERED OCCUPATION

Apprentice Name_____ Registration Number_____

Occupation_____

_____

_____

Office Use Only

*EMPLOYMENT PERIOD # _____

COMPANY NAME:_____

ADDRESS: _____

EMPLOYMENT PERIOD: From _____/_____/_____ To _____/_____/_____
Month Day Year Month Day Year

TOTAL HOURS FOR THIS PERIOD: _____Hrs.

VERIFIED BY: (Print Name)_____

(Signature) _____

EMPLOYER COMMENTS: DATE:_____

Signature:_____

CREDITS

Courses _____ Hrs.

Work _____ Hrs.

Total _____ Hrs.

_____ Yr. Apprentice

_____
Program Development Officer

*EMPLOYMENT PERIOD # _____

COMPANY NAME:_____

ADDRESS: _____

EMPLOYMENT PERIOD: From _____/_____/_____ To _____/_____/_____
Month Day Year Month Day Year

TOTAL HOURS FOR THIS PERIOD: _____Hrs.

VERIFIED BY: (Print Name)_____

(Signature) _____

EMPLOYER COMMENTS: DATE:_____

Signature:_____

CREDITS

Carried Forward _____

Courses _____ Hrs.

Work _____ Hrs.

Total _____ Hrs.

_____ Yr. Apprentice

_____
Program Development Officer

NOTE: Please indicate the Employment Period Number in the space provided.

Revised January 31, 2007