



Next Steps Employment Services Corp.

OJT TIME SHEET

Student Name:

Business Name:

Business Supervisor's Name:

	DATE	In Time	Out Time	Total Hours	OJT Supervisor's Initials
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
WEEKLY TOTAL HOURS					

Employee Signature:

Date:

Time sheets need to be texted to
NSES Emergency Contact Cell Phone: **863-288-4858**

on **Sundays or Mondays.**

Please make sure the 4 corners of the time sheets are showing (the entire paper)
and that the picture is **CLEAR.**