EMPLOYEE OJT TRAINING FORM

Form # DT-24

Employee Name:						
Date:	**Model**	**Length of training**	**Trainee initials**	**Instructor initials**	**DISCRIPTION OF TRAINING**	**test of effectiveness**

Date filed into employees training records:

Instructions for completing form:

1. **Enter full name of employee**
2. **Enter Date of training**
3. **Enter type aircraft trained on**
4. **Enter duration of training in hours or days**
5. **Enter initials of Trainee**
6. **Enter initials of Instructor**
7. **Describe training activity**
8. **Enter O, P, or W for the test of effectiveness**
9. **Enter date training activity filed in employees training records.**

O= oral P= practical W=written