

VA DUAL EMPLOYEE TRAINEE APPOINTMENT TIME TRACKING SHEET



INSTRUCTIONS

***Employee Trainee:** Please complete this form and track your work and training hours daily, while being appointed in a dual VA employee trainee status. Please fill in all of your hours before sending the form to your work and training supervisors for verification and signatures.
***Employment and Training Supervisors:** Please do not sign the form until completed and signed by the employee trainee.
***Please Note:** The combined work and training day may not exceed 12 hours.

TRAINEE INFORMATION				
Last Name:	First Name:	MI:	Phone:	Email:
EMPLOYMENT LOCATION AND EMPLOYMENT SUPERVISOR INFORMATION				
VA Employment Facility:		Work Unit:		
Last Name:	First Name:	MI:	Phone:	Email:
TRAINING LOCATION AND TRAINING SUPERVISOR INFORMATION				
VA Training Facility:		Training Unit:		
Last Name:	First Name:	MI:	Phone:	Email:
TRAINING PERIOD		PAY PERIOD		
Start Date:		End Date:		

WEEK 1	Date	Training Hours	Work Hours
	Sunday		
	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		
	Saturday		
WEEK 1 TOTAL			

WEEK 2	Date	Training Hours	Work Hours
	Sunday		
	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		
	Saturday		
WEEK 2 TOTAL			

BIWEEKLY TOTALS	
Training Hours	Work Hours

CERTIFICATIONS		
Employee Trainee	Training Supervisor	Employment Supervisor
I certify that the time recorded on this form is correct and accounts for all hours worked and trained during this month period.	I have reviewed this time tracking form and certify that the work hours listed above are accurate.	I have reviewed this time tracking form and certify that the work hours listed above are accurate.
Employee Trainee's Signature Date	Training Supervisor's Signature Date	Employment Supervisor's Signature Date

WEEK 3	Date	Training Hours	Work Hours
	Sunday		
	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		
	Saturday		
WEEK 3 TOTAL			

WEEK 4	Date	Training Hours	Work Hours
	Sunday		
	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		
	Saturday		
WEEK 4 TOTAL			

BIWEEKLY TOTALS	
Training Hours	Work Hours

CERTIFICATIONS		
Employee Trainee	Training Supervisor	Employment Supervisor
I certify that the time recorded on this form is correct and accounts for all hours worked and trained during this month period.	I have reviewed this time tracking form and certify that the work hours listed above are accurate.	I have reviewed this time tracking form and certify that the work hours listed above are accurate.
Employee Trainee's Signature Date	Training Supervisor's Signature Date	Employment Supervisor's Signature Date