



**MINISTRY OF LABOUR AND SMALL ENTERPRISE DEVELOPMENT
ON-THE-JOB TRAINING PROGRAMME**
 Corner Chaguanas Main Road and Connector Road, Chaguanas
 Tel: (868) 672-7107 Ext 4029 Fax: (868) 665-8651/ 671-3457
 Website: ojtonline.org

ASSUMPTION OF DUTY FORM

Date: _____

ATTENTION: _____
 (Name of Placement Monitoring and Evaluation Officer at Regional Office)

(Please Tick Appropriately)

Central West East South Tobago

RE: ASSUMPTION OF DUTY ON-THE-JOB-TRAINING

Please be informed that I, _____ have assumed my On-the-Job
 Training duty at _____ (BLOCK LETTERS) located at _____
 on _____ as an _____ for
 the period _____ to _____

TRAIEE NAME: _____
 (Please Print in Block Letters)

Signature of Trainee

Name of Authorized Personnel at Organization: _____

Signature of Authorized Personnel at Organization: _____

Organization Stamp:

FOR OFFICIAL USE ONLY

Received by: _____ **Signature:** _____

Date: _____

