

PHCC-GSA HVAC/R APPRENTICESHIP AND TRAINING PROGRAM

HVAC/R - DAILY TIME CARD (DAS-103)



PRINT FULL NAME _____

MONTH _____ YEAR _____

WORK PROCESSES	OJT Hours	CALENDAR DATES																															MONTHLY TOTALS		
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
1. Parts, pickup, stock work, cleaning shop/equipment	300																																		
2. Installation: residential refrigeration, air conditioning equipment/accessories	900																																		
3. Installation, service/repair of commercial refrigeration/air conditioning equipment	2200																																		
4. Installation service & repair controls	900																																		
5. Diagnosing, service, repair, maintenance of refrigeration/air conditioning equipment	2500																																		
6. Diagnosing, service, repair of domestic refrigeration/window units	200																																		
7. Installation, service/repair of humidification, dehumidification/electric air cleaning equipment	250																																		
8. Start, test, & balance of equipment	450																																		
9. Energy management & central control systems	100																																		
10. Installation, service, repair & maintenance on forced air heating systems	200																																		
TOTAL PROGRAM OJT HOURS	8000																																		
RELATED INSTRUCTION TRAINING	1080																																		

OUT OF WORK STUDENTS must submit a time card every month with '0' hours.

OJT = ON-THE-JOB TRAINING HOURS

COMPANY NAME _____

ON-THE-JOB SUPERVISOR SIGNATURE _____

STUDENT SIGNATURE _____

TIME CARDS ARE DUE BY 1st OF THE MONTH

TIME CARDS ARE LATE AFTER THE 2nd OF THE MONTH & WILL RESULT IN DISCIPLINARY ACTION AFTER THE 10th

ADDRESS CHANGE / UPDATE CONTACT INFORMATION:

FOR OFFICE USE ONLY:

DATE RECEIVED: _____

DATE ENTERED: _____

REV. 4/20

E-MAIL: timecard@phccgsa.org • **FAX:** (916) 640-0905 • **MAIL:** 1820 Tribute Road, Suite A, Sacramento, CA 95815

INSTRUCTIONS AND AN EXAMPLE FOR COMPLETING TIMECARDS IS LISTED ON THE BACKSIDE OF THIS FORM

Month/Year: July/2017

Print Your Name: Christopher Plumber (Full name as spelled on ID)

WORK PROCESSES	OJT HOURS	CALENDAR DATES																															TOTAL Monthly OJT
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1. Parts, pickup, stock work, cleaning shop/equipment	300		7	3	x	x		8			x	x		8				x	x			8				x	x			8			42
2. Installation: residential refrigeration, air conditioning equipment/accessories	900			5	x	x	2				x	x	2					x	x	2						x	x	2				13	
3. Installation, service/repair of commercial refrigeration/air conditioning equipment	2200	2			x	x	2		8		x	x	2		8			x	x	2			8			x	x	2		8		42	
4. Installation service & repair controls	900				x	x	2				x	x	2					x	x	2						x	x	2				8	
5. Diagnosing, service, repair, maintenance of refrigeration/air conditioning equipment	2500	6			x	x	2	8		8	x	x	2	8		8			x	x	2	8		8			x	x	2	8		8	78
6. Diagnosing, service, repair of domestic refrigeration/window units	200				x	x					x	x						x	x							x	x					1	
7. Installation, service/repair of humidification, dehumidification/electric air cleaning equipment	250				x	x					x	x						x	x							x	x						
8. Start, test, & balance of equipment	450				x	x					x	x						x	x							x	x						
9. Energy management & central control systems	300				x	x					x	x						x	x							x	x						
10. Installation, service, repair & maintenance on forced air heating systems	200																																
TOTAL PROGRAM OJT HOURS		8	8	8			8	8	8	8	8			8	8	8	8	8				8	8	8	8	8			8	8	8	8	184

INSTRUCTIONS:

1) List the number of hours worked in each work process category for each calendar date worked. 2) Add up each column to get the total number of hours worked for that calendar date located at the bottom of column. **Example:** You worked two (2) hours in category C and six (6) hours in category E, you would add those two categories together and your total would be eight (8). 3) Add up each work process in column (A, B, C, D, etc) to get the total number of hours worked for that work process in the "Total Program OJT Hours" column.

For the calendar date you attend class, (Related Instructional Training) list the number of hours in class in the row titled "Related Instruction Training". Add all figures across to get the total for the right column titled, "OJT Monthly Totals" and for the rows titled, "Total Program OJT Hours" and Related Instruction Training" located at the

REMEMBER to write your full name, the month and year CLEARLY at the top left hand side of this form. No credit can be given if your information is not there or is not legible. Your employer must sign your time card before credit can be given. If you are unable to obtain your employers signature prior to the 1st of the month, please turn in your time card to avoid being delinquent and PHCC will get approval from your employer. You will need to sign where it says, "Student Signature".

NOTE: Please maintain a copy of this form for your use. Blank copies are available for pick up from the PHCC office located at 1820 Tribute Rd. Suite A, Sacramento, CA 95815. **Time cards are due by the 1st of the month for the previous month.**