

# Special Training Provision Monthly On-Job Training Report

Sheet ..... of.....

Contractor: <i>(Name and Address)</i>	<b>INSTRUCTIONS:</b> This report must be submitted each month <b>directly</b> to the Highway Civil Rights Office. Send a copy to the Project Manager for inclusion in the monthly progress estimate and also keep a copy for your records.  <b>Note:</b> The Remarks column is to be used for reporting when a trainee completes training, terminates employment or is replaced by another trainee.
Project No.:	

<b>LEGEND</b>	1. Alaskan Native 2. Native American	3. Asian/Pacific Islander 4. African American	5. Hispanic 6. Other	7. White 8. Female	Control No.:	District:	Month and Year:
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TRAINEE NAME AND SOCIAL SECURITY NUMBER <i>(one Trainee per line)</i>	RACE OR NATIONAL ORIGIN	WORK CLASSIFICATION	GROUP BEING TRAINED	WAGE RATE PAID	HOURS TRAINED THIS MONTH		TOTAL HOURS TRAINED TO DATE		REMARKS
					THIS PROJECT	OTHER PROJECTS	THIS PROJECT	OTHER PROJECTS	

Contractor's Representative: <i>(Signature and Title)</i>	Date:	Reviewed for Department of Roads: <i>(Signature and Title)</i>	Date:
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