

Special Training Provision Monthly On-Job Training Report

Sheet of

Contractor: <i>(Name and Address)</i>					INSTRUCTIONS: This summary report must be made each month in triplicate. Send the original to the Contract Compliance Officer and a copy to Project Manager in sufficient time for inclusion in monthly progress estimate. Keep a copy for your file. Note: Remarks column to be used for reporting when a trainee completes training, terminates employment or is replaced by another trainee.					
Project No.:					Control No.:		District:		Month and Year:	
LEGEND		1. Alaskan Native 3 Asian/Pacific Islander 5. Hispanic 7. White 2. Native American 4. African American 6. Other 8. Female								
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:	