

FEDERAL ON-THE-JOB TRAINING PROGRAM MONTHLY REPORTING FORM

| | | | | | | Date | : | |
|--|-----------|---|---------------|----------------------------------|--------------|--------------|--------------------------------------|--|
| TRAINEE INFORMATION | | | | | | | | |
| Last Name: | First N | First Name: | | | Employee ID: | | | |
| Training job classificati | Hourly | | | y wage rate: | | | | |
| Contractor: | | | | | | | | |
| | | | | | | | | |
| TRAINING INFORMATION | | | | | | | | |
| Reporting Month: | | Total training hours prior to this month: | | | | | | |
| Payroll period (weekly) | d Project | | Division | | Residency | | Training hours for payroll period | |
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| | | т | otal traini | ng hours for t | ho rono | rting month: | | |
| Total training hours for the reporting month: Total training hours (current and previous months): | | | | | | | | |
| Total training nous featrent and previous months. | | | | | | | | |
| | | | | | | <u></u> | | |
| Contractor representative | | | Contact phone | | | E-mail | | |
| | | | | | | | | |
| TRAINEE STATUS | | | | | | | | |
| Date of graduation: | | | | Date of termination/resignation: | | | | |
| Reason for trainee leav | ving pi | rogram or addition | onal comm | nents: | | | | |
| ☐ Check box if reimbursement is requested. When training is complete, reimbursement will be made under the | | | | | | | | |
| active Federal-aid contract that the trainee performed the most training hours identified here. | | | | | | | | |
| County Project # | | | | | | | | |
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| OKLAHOMA DEPARTMENT OF TRANSPORTATION USE ONLY | | | | | | | | |
| Date checked against payrol : | | | | | | | | |
| ODOT representative | and | Print name: | | | | | | |
| title: | | Title: | | | | | | |
| Comments: | | | | | | | | |