



FEDERAL ON-THE-JOB TRAINING PROGRAM MONTHLY REPORTING FORM

Date:

TRAINEE INFORMATION		
Last Name:	First Name:	Employee ID:
Training job classification:		Hourly wage rate:
Contractor:		

TRAINING INFORMATION				
Reporting Month:			Total training hours prior to this month:	
Payroll period (weekly)	Project	Division	Residency	Training hours for payroll period
Total training hours for the reporting month:				
Total training hours (current and previous months):				

Contractor representative	Contact phone	E-mail
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TRAINEE STATUS	
Date of graduation:	Date of termination/resignation:
Reason for trainee leaving program or additional comments:	
<input type="checkbox"/> 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 # _____

OKLAHOMA DEPARTMENT OF TRANSPORTATION USE ONLY	
Date checked against payroll:	
ODOT representative and title:	Print name: Title:
Comments:	

Submit this form to the Civil Rights Division by the 10th of each month, reporting on the preceding month. Submit by mail to 200 NE 21st St, Room 1-C1, Oklahoma City, OK 73105, fax 405-522-2136, or email to bthompson@odot.org.

THIS IS AN EQUAL OPPORTUNITY PROGRAM