MISSISSIPPI DEPARTMENT OF TRANSPORTATION
ON-THE JOB TRAINING PROGRAM TRAINEE
MONTHLY REPORT

PLEASE PRINT OR TYPE

Company Name: _____

Month Reporting: _____
Due by 5th for previous month's training

Trainee Name: _____
Last *First* *Middle*

Job Classification: _____ Wage Rate: _____

Project Number: _____ County: _____

Date Training Began	
Hours required for job classification	
Previously earned hours toward classification	
Hours earned in this month toward classification	
Total hours earned	

Progress of Trainee: ☐ Excellent ☐ Very Good ☐ Good ☐ Below Good

Please provide comments: _____

_____

_____

_____

_____

_____

_____

Signature of person responsible for company training programs:

Signature _____ Title: _____ Date _____

Distribution List

1. *Contractor provides copy to Project Engineer no later than the 5th day of current month covering pervious months activities.*
2. *Project Engineer keep copy and forward original to Office of Civil Rights (62-03) with 10 days of receipt from contractor.*