MISSISSIPPI DEPARTMENT OF TRANSPORTATION
ON-THE JOB TRAINING PROGRAM
TRAINEE TERMINATION FORM

PLEASE PRINT OR TYPE

Contractor: _____

EEO Contact: _____ Telephone No: ( ) _____

Trainee Name: _____
Last *First* *Middle*

Address: _____
Street/PO

_____
City *State* *Zip Code*

Telephone No: ( ) _____ Last 4 SSN: _____

Race: ☐ Black ☐ American Indian ☐ Hispanic ☐ White ☐ Asian

Sex: ☐ Male ☐ Female Classification _____

Check One: ☐ OJT Project No. _____

REASON FOR TERMINATION

- ☐ Construction phase completed
- ☐ Death
- ☐ Fired (Please explain below)
- ☐ Illness/health problems
- ☐ Lack of transportation and/or travel distance
- ☐ Military duty
- ☐ Other (Please explain below)
- ☐ Personal
- ☐ Quit to work for another company
- ☐ Relocated
- ☐ Graduation or Termination Date: _____

Please provide comments: _____

_____

_____

Contractor Representative Signature: _____

Title: _____ Date: _____

Distribution List

1. *Contractor provide copy to Project Engineer.*
   (Refer to OJT Program Manuel for information on trainee replacement)
2. *Project Engineer keep copy and forward original to Office of Civil Rights (62-03).*