



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

PLEASE PRINT OR TYPE

Company Name: _____

Month Reporting: _____
Due by 15th 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 15th 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.