



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

*PLEASE PRINT OR TYPE*

Company Name: \_\_\_\_\_

Month Reporting: \_\_\_\_\_  
*Due by 10th for previous month's training*

Trainee Name: \_\_\_\_\_  
*Last First Middle*

Job Classification: \_\_\_\_\_ Wage Rate: \_\_\_\_\_

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 \_\_\_\_\_

*MAIL ORIGINAL AND RETAIN COPY*  
Office of Civil Rights  
Mississippi Department of Transportation  
On-The-Job Training Coordinator  
P.O. Box 1850  
Jackson, Mississippi 39215-18540