



MISSISSIPPI DEPARTMENT OF TRANSPORTATION
ALTERNATE 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

Telephone No: () _____ Social Security No: _____
City State Zip Code

Race: [] Black [] American Indian [] Hispanic [] White [] Asian

Sex: [] Male [] Female Classification _____

Check One: [] OJT Project No. _____ N/ A [] Alternate OJT Program

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: _____

MAIL ORIGINAL AND MAINTAIN COPY:
Office of Civil Rights
Mississippi Department of Transportation
On-The-Job Training Coordinator
P.O. Box 1850