



## FEDERAL ON-THE-JOB TRAINING PROGRAM MONTHLY REPORTING FORM

Date: \_\_\_\_\_

TRAINEE INFORMATION		
Last Name:	First Name:	Employee ID:
Training job classification:		Hourly wage rate:
Contractor:		

TRAINING INFORMATION				
Reporting Month:			Total training hours prior to this month:	
Payroll period (weekly)	Project	Division	Residency	Training hours for payroll period
<b>Total training hours for the reporting month:</b>				
<b>Total training hours (current and previous months):</b>				

\_\_\_\_\_ Contractor representative                     
 \_\_\_\_\_ Contact phone                     
 \_\_\_\_\_ E-mail

TRAINEE STATUS	
Date of graduation:	Date of termination/resignation:
Reason for trainee leaving program or additional comments:	
<input type="checkbox"/> Check box if reimbursement is requested. When training is complete, reimbursement will be made under the active Federal-aid contract that the trainee performed the most training hours identified here. County _____ Project # _____	

OKLAHOMA DEPARTMENT OF TRANSPORTATION USE ONLY	
Date checked against payroll:	
ODOT representative and title:	Print name: Title:
Comments:	

Submit this form to the Civil Rights Division by the 10<sup>th</sup> of each month, reporting on the preceding month. Submit by mail to 200 NE 21<sup>st</sup> St, Room 1-C1, Oklahoma City, OK 73105, fax 405-522-2136, or email to [mwhittington@odot.org](mailto:mwhittington@odot.org).