



**ON-THE-JOB TRAINING  
TRAINING PLAN COMPLETION SUMMARY**

Upon completion of the training requirements for this project, please submit to the Agency

I. PROJECT INFORMATION		
CONTRACTOR NAME	AGENCY PROJECT #	ADOT TRACS #
ADDRESS, CITY, STATE, ZIP CODE		
NUMBER OF TRAINEES ASSIGNED	NUMBER OF HOURS ASSIGNED	NAME OF RESIDENT ENGINEER
ACTUAL NUMBER OF TRAINEES	TOTAL NUMBER OF HOURS COMPLETED	<input type="checkbox"/> PRIME <input type="checkbox"/> SUB

II. PROJECT TRAINING SUMMARY							
APPRENTICE or TRAINEE NAME	CRAFT	SEX	*ETHNICITY	START DATE	NUMBER OF TRAINING HOURS COMPLETED ON THIS PROJECT	LAST DAY ON PROJECT	WAS TRAINEE TERMINATED, GRADUATED, UPGRADED, OR TRANSFERRED TO CONTINUE ON ANOTHER PROJECT?
<b>TOTALS</b>							

\* Ethnicity/Gender: (Use of this information is for reporting purposes only.)

- |   |  |
|---|--|
| <b>B</b> Black, not of Hispanic Origin      | <b>A</b> Asian/Pacific Islander        |
| <b>H</b> Hispanic                           | <b>W</b> White, not of Hispanic Origin |
| <b>NA</b> American Indian or Native Alaskan |  |

III. IF TRAINING HOURS WERE NOT MET, PLEASE EXPLAIN IN DETAIL BELOW THE GOOD FAITH EFFORT MADE AND ATTACH ALL SUPPORTING DOCUMENTS.

PRIME CONTRACTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ SUBCONTRACTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(ONLY IF USED TO COMPLETE TRAINING HOURS)

***CA/LPA & BECO USE ONLY***		
AGENCY OFFICE APPROVAL	TITLE	DATE