TRAINING PLAN COMPLETION SUMMARY

Upon completion of the training requirements for this project, please mail to the Field Office to forward to Civil Rights Office.

I. PROJECT INFORMATION

CONTRACTOR NAME	ADOT PROJECT #	ADOT TRACS #:
ADDRESS, CITY, STATE, ZIP CODE		❑ PRIME ❑ SUB
NUMBER OF TRAINEES ASSIGNED	NUMBER OF HOURS ASSIGNED	ADOT RESIDENT ENGINEER
ACUTUAL NUMBER OF TRAINEES	TOTAL # OF HOURS COMPLETED	

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?
TOTALS					0		

III. If training hours were not met, please explain Good Faith Efforts made below and attach all supporting documentation. (Bid Item #9230001)

PRIME CONTRACTOR SIGNATURE DATE

SUBCONTRACTOR SIGNATURE DATE
(ONLY IF USED TO COMPLETE TRAINING HOURS)

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

1. **B** Black, not of Hispanic Origin
2. **H** Hispanic
3. **NA** American Indian or Native Alaskan
4. **A** Asian/Pacific Islander
5. **W** White, not of Hispanic Origin

	DATE	TITLE