

ON-THE-JOB TRAINING PROGRAM MONTHLY REPORTING FORM



TRAINEE INFORMATION			
Last Name:	First Name:	MI:	SSN (lasts 4 digits):
Training Job classification:			Hourly wage rate:
Contractor:			

TRAINING INFORMATION			
Reporting month:		Reporting year:	
			Total training hours prior to this month:
Payroll Period (weekly)	Project Number	District	Training hours for payroll period
Total training hours for the reporting month:			
Total training hours (current and previous months):			

Contractor Representative	Contact Phone	Email

TRAINEE STATUS	
Date of Graduation:	Date of termination/resignation:
Reason for leaving program or additional comments:	

NEW MEXICO DEPARTMENT OF TRANSPORTATION USE ONLY	
Date checked against payroll:	
Area representative and title	Print name:
	Title:
Area Office Comments:	