

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:	

Submit this form within seven days of intent to assign trainee to a project to the Project Manager and NMDOT's Construction and Civil Rights Bureau (CCRB).
A signed copy must also be maintained in the project files.