Form OJT-2

MISSOURI DEPARTMENT OF TRANSPORTATION

CONTRACTOR'S MONTHLY TRAINEE REPORT

TRAINEE NAME:_____ SOCIAL SECURITY NO._____
(last four numbers)

CRAFT:_____ CONTRACTOR:_____

REPORT#_____ MONTH ENDING_____ Project#_____

JOURNEY RATE: $_____ % OF PAY_____ ACUTAL RATE $_____ DATE OF UPGRADE _____

NAME OF APPROVED TRAINING PROGRAM:_____

NO. OF HOURS REQUIRED BY TRAINING PROGRAM:_____ NO. OF JOB SITE HOURS TRAINED TO DATE:_____

FIRST HALF:_____ THIRD QUARTER:_____ FINALQUARTER _____

Week (01/01/01-01/08/01)	**Weekly Project Hours**	**Project Hours to Date**	

_____ Contractor _____ Date

_____ ORG Code _____ MoDOT Representative _____ Date

Distribution: ☐ Construction & Materials-ECR ☐ District Office ☐ File

*Please complete one monthly trainee report per project

Revised: 05/06

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