



**ON THE JOB TRAINING PROGRAM (OJT)  
MONTHLY TRAINEE REPORT  
CONSTRUCTION LABORER TRAINEE  
(DUE ON THE 15TH OF EVERY MONTH)**

FORM NUMBER: \_\_\_\_\_

TRAINEE NAME: \_\_\_\_\_

ENROLLMENT DATE: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

REPORTING MONTH: \_\_\_\_\_

REPORTING YEAR: \_\_\_\_\_

BECO ASSIGNED NUMBER: \_\_\_\_\_

**PLEASE COMPLETE THE TRAINING PHASES COVERED THIS MONTH**

CONSTRUCTION LABORER TRAINEE		WEEK ENDING HOURS					ADOT/OWNER CONTRACT NUMBER	CONTRACT OWNER	TOTAL HOURS
		Week 1	Week 2	Week 3	Week 4	Week 5			
A	FAMILIARIZATION OF JOB SITE								
B	GENERAL CONSTRUCTION								
C	INTRODUCTION TO MEASURING TOOLS								
D	CONFINED SPACE ENTRY								
E	AIR TOOL OPERATION								
F	SMALL GAS ENGINES								
G	STRUCTURAL CONCRETE								
H	HIGHWAY WORK ZONE								
I	STRIPPING / SALVAGE								
J	PIPE INSTALLATION								
K	HOUSEKEEPING								
L	SUPPLEMENTAL TRAINING								
<b>TOTAL TIME TRAINING THIS MONTH</b>									
<b>TOTAL TRAINING HOURS PRIOR TO THIS MONTH</b>									
<b>TOTAL TRAINING HOURS (CUMULATIVE)</b>									

LABORER COMPLETION LEVELS AND PAY RATES	
<input type="checkbox"/> LEVEL 1 - 500 HOURS @ 60%	DATE COMPLETE _____
<input type="checkbox"/> LEVEL 2 - 500 HOURS @ 80%	DATE COMPLETE _____
<input type="checkbox"/> 1,000 OJT HOURS ACHIEVED CERIFICATE OF COMPLETION AWARDED	

TRAINEE AND TRAINER SIGNATURES	
_____	_____
TRAINEE SIGNATURE	DATE
_____	_____
CONTRACTOR REPRESENTATIVE SIGNATURE	DATE

Reason for termination: \_\_\_\_\_

Date of termination: \_\_\_\_\_

Comment: \_\_\_\_\_

**This form must be submitted electronically to the BECO and FIELD Office by the 15th of every month to - ContractorCompliance@azdot.gov**

**THIS AREA FOR ADOT USE ONLY (BECO)**

ADOT BECO OFFICE APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_