



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

FORM NUMBER: _____

TRAINEE NAME: _____
 CONTRACTOR: _____
 BECO ASSIGNED NUMBER: _____

ENROLLMENT DATE: _____
 REPORTING MONTH: _____ REPORTING YEAR: _____

PLEASE COMPLETE THE TRAINING PHASES COVERED FOR THIS MONTH									
PROJECT ENGINEER		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	RESPONSIBILITIES								
C	JOB KNOWLEDGE								
D	FORM BUILDING AND ERECTION								
E	STRUCTURAL CONCRETE								
F	STRIPPING AND SALVAGE								
G	CONCRETE DEMOLITION								
H	GIRDER ERECTION								
I	FAMILIARIZATION OF EQUIPMENT								
J	EQUIPMENT FUNCTIONS								
K	TRAFFIC CONTROL								
L	SUPPLEMENTAL TRAINING								
								TOTAL TIME TRAINING THIS MONTH	
								TOTAL TRAINING HOURS PRIOR TO THIS MONTH	
								TOTAL TRAINING HOURS (CUMULATIVE)	

PROJECT ENGINEER COMPLETION LEVELS AND PAY RATES	
<input type="checkbox"/> LEVEL 1 - 1,000 HOURS @ 60%	DATE COMPLETE _____
<input type="checkbox"/> LEVEL 2 - 1,000 HOURS @ 65%	DATE COMPLETE _____
<input type="checkbox"/> LEVEL 3 - 1,000 HOURS @ 70%	DATE COMPLETE _____
<input type="checkbox"/> LEVEL 4 - 1,000 HOURS @ 75%	DATE COMPLETE _____
<input type="checkbox"/> LEVEL 5 - 1,000 HOURS @ 80%	DATE COMPLETE _____
<input type="checkbox"/> LEVEL 6 - 1,000 HOURS @ 90%	DATE COMPLETE _____
<input type="checkbox"/> 6,000 OJT HOURS ACHIEVED CERTIFICATE 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: _____