



FORM # _____

**ON THE JOB TRAINING PROGRAM
CONTRACTOR ANNUAL REPORT FORM
(DUE JANUARY 15TH OF EACH YEAR)**

CONTRACTOR _____ TOTAL NUMBER OF OJT TRAINEES _____
 REPORTING PERIOD _____ TOTAL NUMBER OF OJT COMPLETERS _____
 OJT GOAL FOR THE YEAR _____ TODAY'S DATE _____

	TRAINEE NAME	TRAINING CLASSIFICATION	GENDER	ETHNICITY	STATUS	TOTAL HOURS
1			<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		<input type="checkbox"/> COMPLETED <input type="checkbox"/> ONGOING <input type="checkbox"/> TERMINATED	
2			<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		<input type="checkbox"/> COMPLETED <input type="checkbox"/> ONGOING <input type="checkbox"/> TERMINATED	
3			<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		<input type="checkbox"/> COMPLETE <input type="checkbox"/> ONGOING <input type="checkbox"/> TERMINATED	
4			<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		<input type="checkbox"/> COMPLETED <input type="checkbox"/> ONGOING <input type="checkbox"/> TERMINATED	
5			<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		<input type="checkbox"/> COMPLETED <input type="checkbox"/> ONGOING <input type="checkbox"/> TERMINATED	
6			<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		<input type="checkbox"/> COMPLETED <input type="checkbox"/> ONGOING <input type="checkbox"/> TERMINATED	
7			<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		<input type="checkbox"/> COMPLETED <input type="checkbox"/> ONGOING <input type="checkbox"/> TERMINATED	
8			<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		<input type="checkbox"/> COMPLETED <input type="checkbox"/> ONGOING <input type="checkbox"/> TERMINATED	

REQUEST JUSTIFICATION TO CARRY OVER OJT TRAINEES AND HOURS:

IF UNABLE TO MEET OJT GOAL, PLEASE PROVIDE COMPANY'S GOOD FAITH EFFORTS: (PLEASE SEE ATTACHED ADDITIONAL SHEETS)

THIS AREA FOR CONTRACTOR USE

COMPANY REPRESENTATIVE APPROVAL: _____ DATE: _____ TITLE: _____

THIS AREA FOR ADOT USE ONLY (BECO)

ADOT BECO OFFICE APPROVAL: _____ DATE: _____ TITLE: _____