

**INDIANA DEPARTMENT OF TRANSPORTATION  
ECONOMIC OPPORTUNITY DIVISION**

100 North Senate Avenue  
Room N750  
Indianapolis, Indiana 46204-2216  
Telephone: (317) 232-0628 Fax: (317) 233-0891  
<http://www.in.gov/indot/2753.htm>

**OJT TRAINEE INTRODUCTION FORM**

1. Contractor Name:		1.a Address:	
2. Name of Trainee:		2.a Address/Telephone Number:	
3. Date of Birth:	4. SSN (Last 4 digits):	5. Employee Status (Check One): <input type="checkbox"/> New Hire <input type="checkbox"/> Rehire	
6. Racial/Ethnic Identification (Check One or More): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White		7. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
8. Hire/Rehire Date:	9. Previous Training Hours (Enter "N/A" if Not Applicable):		
10. Does Trainee Have Any Experience Performing Work Stipulated Under the Approved Program? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Briefly Summarize:			
11. Trade Classification of Trainee (e.g., Electrician):	12. Type of Training Program: <input type="checkbox"/> USDOL Approved <input type="checkbox"/> FHWA Approved		
13. Total Training Hours of Program:	14. How Was Trainee Referred? <input type="checkbox"/> Union <input type="checkbox"/> Minority/Women Organization <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other		
15. Has Trainee Received Copy of Training Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. Union Affiliation (Enter "N/A" if Not Applicable): Union Trade Name: _____		
17. PREPARED BY: Signature and Title of Contractor's Representative		18. Date	
19. APPROVED BY: Signature and Title of INDOT Representative		20. Date	



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**MONTHLY PROJECT REPORT**

**Contractor Name and Address:**

**INDOT Contracts:**

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**Non-INDOT Contracts:**

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**PREPARED BY: Signature and Title of Contractor's Representative**

**Date:**

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**QUARTERLY OJT TRAINEE REPORT**

<b>1. Contractor Name and Address:</b>										
<b>2. Name of Trainee:</b>		<b>3. Address:</b>								
<b>4. Age:</b>	<b>5. Date Of Birth:</b>	<b>6. Social Security Number: (last 4 digits)</b>	<b>7. Phone Number(s):</b>							
<b>8. Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>9. Racial/Ethnic Identification (Check One or More):</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White									
<b>Performance Ratings: (1, 2, 3 = Poor Performance) (4, 5, 6, 7 = Average Performance) (8, 9, 10 = Excellent Performance)</b>										
<b>10. Attendance:</b>	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
<b>11. Attitude toward co-workers &amp; employer:</b>	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
<b>12. Job Knowledge:</b>	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
<b>13. Use of time:</b>	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
<b>14. Handling of tools, equipment &amp; material:</b>	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
<b>15. Observance of safety rules:</b>	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
<b>16. Professional Appearance/Preparedness</b>	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
<b>17. Overall Ability:</b>	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
<b>18. Comments:</b>										
<b>19. PREPARED BY: Signature and Title of Contractor's Representative</b>									<b>20. Date:</b>	

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**OJT TRAINEE TERMINATION/COMPLETION FORM**

1. Contractor Name:		1.a Address:	
2. Name of Trainee:		3. Address:	
4. Date of Birth:	5. SSN (Last 4 digits):	6. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
7. Racial/Ethnic Identification (Check One or More): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White		9. Termination/Completion Date:	
10. Trade Classification of Trainee (e.g., Electrician):		11. Type of Training Program: <input type="checkbox"/> USDOL Approved <input type="checkbox"/> FHWA proved	
12. Total Training Hours of Program:		13. Total Training Hours Completed:	
14. Termination/Completion <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Completed Program		15. Reason for Termination:	
16. PREPARED BY: Signature and Title of Contractor's Representative			17. Date:

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**ANNUAL OJT TRAINING REPORT**

Contractor Name and Address:

Annual Training Goal: \_\_\_\_\_

Hours Attained: \_\_\_\_\_

Number of Trainees: \_\_\_\_\_

Terminations: \_\_\_\_\_

Completions: \_\_\_\_\_

Contracts on Which Trainees Worked: \_\_\_\_\_

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Notes: \_\_\_\_\_

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PREPARED BY: Signature and Title of Contractor's Representative

Date:

APPROVED BY: Signature and Title of INDOT Representative

Date: