

**INDIANA DEPARTMENT OF TRANSPORTATION  
ECONOMIC OPPORTUNITY DIVISION**

100 North Senate Avenue  
Room N750  
Indianapolis, Indiana 46204-2216  
Telephone: (317) 233-2412 Fax: (317) 233-0891  
<http://www.in.gov/indot/2753.htm>

**MONTHLY OJT TRAINEE HOURS REPORT**

<b>Report Month:</b>			
<b>1. Contractor Name:</b>		<b>2. Trainee Name</b>	
<b>3. Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>4. 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>5. Date</b>	<b>6. Project #</b>		
		<b>INDOT Hours</b>	<b>Other Indiana Project Hours</b>
<b>Total Hours this Reporting Period:</b>			

<b>Total Combined Training Hours This Period:</b>		
<b>Total Combined Training Hours For Current Year:</b>		
<b>PREPARED BY: Contractor's Representative Name, Title, and Signature</b>		<b>Date:</b>
<b>Signature:</b>	<b>Printed Name and Title:</b>	

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**MONTHLY PROJECT REPORT**

**Reporting Month:**

**Contractor Name:**

**INDOT Contracts:**

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**Non-INDOT Contracts:**

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**PREPARED BY: Contractor's Representative Name, Title, and Signature**

**Date:**

**Signature:**

**Printed Name and Title:**

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**OJT TRAINEE INTRODUCTION FORM**

<b>1. Contractor Name:</b>		<b>2. Address:</b>	
<b>3. Name of Trainee:</b>		<b>4. Trainee Address and Telephone Number:</b>	
<b>5. Date of Birth (MM/DD/YYYY):</b>	<b>6. SSN (Last 4 digits):</b>	<b>7. Employee Status (Check One):</b> <input type="checkbox"/> New Hire <input type="checkbox"/> Rehire	
<b>8. 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>9. Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>10. Hire/Rehire Date:</b>		<b>11. Total Previous Training Hours Completed (Enter "N/A" if Not Applicable):</b>	
<b>12. Does Trainee Have Any Experience Performing Work Stipulated Under the Approved Program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, briefly summarize			
<b>13. Trade Classification of Trainee:</b> <input type="checkbox"/> Carpenter <input type="checkbox"/> Cement Mason <input type="checkbox"/> Electrician <input type="checkbox"/> Equipment Operator <input type="checkbox"/> Iron Worker <input type="checkbox"/> Laborer <input type="checkbox"/> Mechanic <input type="checkbox"/> Millwright <input type="checkbox"/> Painter <input type="checkbox"/> Pipefitter/Plumber <input type="checkbox"/> Truck Driver		<b>14. Type of Training Program:</b> <input type="checkbox"/> USDOL Approved <input type="checkbox"/> FHWA Approved	
<b>15. Required Total Training Hours of Program:</b>		<b>16. How Was Trainee Referred?</b> <input type="checkbox"/> Union <input type="checkbox"/> Minority/Women Organization <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other	
<b>17. Has Trainee Received Copy of Training Program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>18. Union Affiliation (Enter "N/A" if Not Applicable):</b> Union Trade Name: _____	
<b>19. PREPARED BY: Contractor's Representative Name, Title, and Signature</b>			<b>20. Date</b>
Signature: _____			Printed Name and Title: _____
<b>APPROVAL/DENIAL SECTION - To be completed by INDOT</b>			
<b>21. <input type="checkbox"/> Approved</b>		<b><input type="checkbox"/> Denied    Reason for denial:</b>	
<b>22. INDOT Representative Name and Signature:</b>			<b>23. Date</b>
Signature: _____			Printed Name: Katie Daniels, OJT Lead

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**OJT TRAINEE TERMINATION/COMPLETION FORM**

<b>1. Contractor Name:</b>	<b>2. Name of Trainee:</b>	
<b>3. 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>4. Termination/Completion Date:</b>	
<b>5. Trade Classification of Trainee (e.g., Electrician):</b>	<b>6. Type of Training Program:</b> <input type="checkbox"/> USDOL Approved <input type="checkbox"/> FHWA proved	<b>7. Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>8. Total Training Hours of Program:</b>	<b>9. Total Training Hours Completed:</b>	
<b>10. Termination/Completion</b> <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Completed Program	<b>11. Reason for Termination:</b>	
<b>PREPARED BY: Contractor's Representative Name, Title, and Signature</b>	<b>Date</b>	

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**QUARTERLY OJT TRAINEE PERFORMANCE REPORT**

Quarter 1     Quarter 2     Quarter 3     Quarter 4

<b>1. Contractor Name:</b>		<b>2. Name of Trainee:</b>								
<b>3. Gender:</b>  <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>4. 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:</b> (1, 2, 3 = Poor Performance) (4, 5, 6, 7 = Average Performance) (8, 9, 10 = Excellent Performance)										
<b>5. Attendance:</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
<b>6. Attitude toward co-workers &amp; employer:</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
<b>7. Job Knowledge:</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
<b>8. Use of time:</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
<b>9. Handling of tools, equipment &amp; material:</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
<b>10. Observance of safety rules:</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
<b>11. Professional Appearance/Preparedness</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
<b>12. Overall Ability:</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
<b>13. Comments:</b>										
<b>12. PREPARED BY: Contractor's Representative Name, Title, and Signature</b>									<b>13. Date</b>	
<b>Signature:</b>					<b>Printed Name and Title:</b>					

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**ANNUAL OJT TRAINING REPORT**

<b>Contractor Name:</b>	<b>Address:</b>
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**Annual Training Goal:** \_\_\_\_\_

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

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

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

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

**Contracts on Which Trainees Worked:**

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

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<b>PREPARED BY: Contractor's Representative Name, Title, and Signature</b>	<b>Date:</b>
<b>Signature:</b> _____ <b>Printed Name and Title:</b> _____	
<b>APPROVED BY: INDOT Representative Name and Signature:</b>	<b>Date:</b>
<b>Signature:</b> _____ <b>Printed Name: Katie Daniels, OJT Lead</b>	