

**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 PROJECT REPORT

Reporting Month:

Contractor Name:

Address:

INDOT Contracts:

Non-INDOT Contracts:

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

Date:

Signature:

Printed Name and Title:

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OJT TRAINEE INTRODUCTION FORM

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

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OJT TRAINEE TERMINATION/COMPLETION FORM

1. Contractor Name:		2. Address:	
3. Name of Trainee:		4. Trainee Address and Telephone Number:	
5. Date of Birth (MM/DD/YYYY):	6. SSN (Last 4 digits):	7. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
8. 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: Contractor's Representative Name, Title, and Signature Signature: _____ Printed Name and Title: _____			17. Date

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QUARTERLY OJT TRAINEE PERFORMANCE REPORT

Quarter 1 Quarter 2 Quarter 3 Quarter 4

1. Contractor Name:		2. Address:								
3. Name of Trainee:		4. Trainee Address:								
5. Age:	6. Date of Birth (MM/DD/YYYY):	7. Social Security Number: (last 4 digits)	8. Phone Number:							
9. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		10. 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								
Performance Ratings: (1, 2, 3 = Poor Performance) (4, 5, 6, 7 = Average Performance) (8, 9, 10 = Excellent Performance)										
11. Attendance:	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"/>
12. Attitude toward co-workers & employer:	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"/>
13. Job Knowledge:	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"/>
14. Use of time:	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"/>
15. Handling of tools, equipment & material:	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"/>
16. Observance of safety rules:	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"/>
17. Professional Appearance/Preparedness	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"/>
18. Overall Ability:	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"/>
19. Comments:										
18. PREPARED BY: Contractor's Representative Name, Title, and Signature									19. Date	
Signature: _____									Printed Name and Title: _____	

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ANNUAL OJT TRAINING REPORT

Contractor Name:

Address:

Annual Training Goal: _____

Hours Attained: _____

Number of Trainees: _____

Terminations: _____

Completions: _____

Contracts on Which Trainees Worked: _____

Notes: _____

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

Date:

Signature:

Printed Name and Title:

APPROVED BY: INDOT Representative Name and Signature:

Date:

Signature:

Printed Name: