

CONNECTICUT DEPARTMENT OF TRANSPORTATION

ON-THE-JOB TRAINING – MONTHLY REPORT

Form 1409 (Rev. Jan. 2007)

INSTRUCTIONS: This report consists of two sides. It is to be completed by the Contractor or Subcontractor providing the training and is to be signed and dated by (1) the Contractor's EEO Officer, (2) the Contractor representative who provided the training during the reporting period and (3) the individual that received the training during the reporting period. The completed 1409 is to be submitted by the 10th day of the month after the end of the reporting period, as follows: the original copy of the report is to be submitted to the Division of Contract Compliance, and a copy to the respective Department Unit or District Office that is administering the Contract. Incomplete reports will be returned for completion.

<u>Contractor:</u>	<u>Address:</u>	<u>Contract:</u>	<u>Person Training Trainee or Apprentice:</u>	<u>Subcontractor Providing Training:</u>
<u>Trainee or Apprentice:</u>	<u>Address:</u>	<u>Federal #:</u>	<u>No. of Hrs. in Approved Training Program:</u>	<u>Address:</u>
		<u>Training Classification:</u>	<u>Social Security #:</u> XXX - XX - _____	<u>Apprentice:</u> _____ <u>Trainee:</u> _____
<u>Age:</u>	<u>Start Date of this Project:</u>	<u>Start Date of Craft on this Project:</u>	<u>New Hire:</u> _____ <u>Upgrade:</u> _____	<u>Union Local:</u> _____ <u>Permit Carrying:</u> Yes: _____ No: _____
<u>Gender:</u>	Male: _____ Female: _____			

Ethnic Group Background:

Black: _____ ; Asian: _____ ; American Indian _____ ; Hispanic: _____ ; Portuguese: _____ ; White _____ Other _____

INSTRUCTIONS: One vertical column is to be completed for each month. Start with the first month of training and complete each subsequent month.

<u>Hours of Training Date</u>	January 20____	February 20____	March 20____	April 20____	May 20____	June 20____	July 20____	August 20____	September 20____	October 20____	November 20____	December 20____
<u>Training Hours Provided During the Month on Parent Project</u>												
<u>Training Hours Provided to Date on Parent Project</u>												
<u>Training Hours Remaining to Complete Approved Program</u>												

Status and Performance of Trainee or Apprentice: Currently Employed: _____ NO _____ Yes Terminated: _____ NO _____ Yes Wage Rate Paid: \$ _____ Per Hour

Area of Concern	Problem				Provide		Comments
	Excellent	Good	Fair	Poor	Area	Consultation	
Performance in Skill Area							
Punctuality							
Attendance Record							
Observance of Safety Rules							
Attitude							
Adherence to Training							
Outline							
Ability to Work with Trainer							

* Date of Termination: _____ Reason (s) for Termination: _____ Anticipated Recall Date: _____ Hours Completed: _____

Name of Individual Providing Training this Month: _____ Job Title: _____ Date Trainee Received Copy of Training Program: _____

Training Activity Conducted:	Date (s) Conducted	# of Training Hours Provided	Total Hrs. Provided to Date	# Hrs. Remaining

In conjunction with the approved training program for the training classification indicated above, the designated trainee completed the following training for the month of _____ 20 ____

_____ Contractor Representative / Trainer - Signature _____ Date _____

_____ 20 ____

_____ Contractor EEO Officer - Signature _____ Date _____

I certify that during the month indicated above, I was provided the training listed under "Training Activity Conducted" and that _____ (insert Trainer's Name) provided me with that training as indicated above. I have also received a copy of this month's training report.

_____ Trainee - Signature _____ Date _____

CDOT – Reviewed by: _____ Date _____

CDOT Project Chief Inspector _____ Date _____ Division of Contract Compliance _____ Date _____