

MISSOURI DEPARTMENT OF TRANSPORTATION

TRAINING COMPLETION REPORT

TRAINEE NAME		UNION	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
HOME ADDRESS		CRAFT			
CITY/STATE/ZIP		UNION NAME			
HOME PHONE		CONTRACTOR			
SSN# (LAST 4-DIGITS)		GENDER	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
NO. OF TRAINEE HOURS COMPLETED TO DATE - ALL PROJECTS					
ETHNIC BACKGROUND					
<input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN AMERICAN <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> OTHER DISADVANTAGED					
TRAINING INFORMATION					
COUNTY	ROUTE	FEDERAL-AID PROJECT	JOB NUMBER	HOURS	
<u>DATES OF TRAINING</u>					
BEGINNING DATE		ENDING DATE			
<u>REASON FOR TERMINATION</u>					
<input type="checkbox"/> Completed Program; retained as Journeyperson <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Illness <input type="checkbox"/> Job Completion					
<input type="checkbox"/> Fired <input type="checkbox"/> Seasonal Layoff					
<input type="checkbox"/> Personal or health problems <input type="checkbox"/> Quit to work for another company					
<input type="checkbox"/> Strike, work stoppage, did not return <input type="checkbox"/> Transferred to Job No.					
<input type="checkbox"/> Lack of transportation and/or travel distance <input type="checkbox"/> Other (comment below)					
<u>COMMENTS ON TRAINEE'S PERFORMANCE</u>					
CONTRACTOR ELECTRONIC SIGNATURE			DATE		
ORG CODE		DATE	SIGNATURE OF MoDOT REPRESENTATIVE		
DISTRIBUTION: SUBMIT BY EMAIL TO YOUR PROJECT OFFICE CONTACT. PROJECT OFFICE - DISTRIBUTE ELECTRONICALLY TO ECR AND CONTRACT FILE					