



HIGHWAY CONTRACTOR'S MONTHLY TRAINING REPORT

ECMS Number	Federal Project Number	District	S.R. Number	Sec. Number	PA Engineering District
Payroll Period	Beginning:	Ending:			

INSTRUCTIONS

This report is to be completed monthly by the contractor for each trainee employed on this project under the Training Special Provisions. The EO-365 is to be submitted, for the duration of each training classification, by the 5th day following the end of the pay period prior to the 30th of the month. An original copy must be submitted to the PennDOT Construction Services Engineer in Charge (PIC).

If the contractor is experiencing any difficulties with the trainee at any time, the PIC must be notified immediately of the difficulties. The PIC shall be notified at the time of a termination or completion by filing an EO-365 report at that time regardless of the calendar date.

(Please Print Or Type)

Trainee Name:		Address:		Last Four Digits of SSN:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:	Type of Training: <input type="checkbox"/> On-the-Job Trainee <input type="checkbox"/> Apprentice <input type="checkbox"/> Union Member		
Employee Status: <input type="checkbox"/> New Hire <input type="checkbox"/> Upgrade a Current Employee					
Ethnic Group Designation: <input type="checkbox"/> White Not of Hispanic Origin <input type="checkbox"/> Black Not Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Two or More Races					
Approved Trainee Classification:					
Date Training Started:		Trainee's Hourly Rate:			
Hours of Training This Month:		Hours of Training To Date:		Hours of Training Remaining:	
				Date Training Completed:	
Summary of Specific Tasks Performed:					
Evaluation of Trainee:					
TERMINATION: (State Reason for Termination)				Date of Termination:	
LAY-OFF:			Date of Lay-Off:		Anticipated Recall Date:
NAME OF CONTRACTOR PROVIDING TRAINING:				Telephone Number:	
REPORT PREPARED BY (Title of Contractor's Representative):				Date:	
PRINTED NAME:		SIGNATURE:			
TRAINEE CANDIDATE:				Date:	
PRINTED NAME:		SIGNATURE:			
REVIEWED BY: (PennDOT Project Inspector in Charge)				Date:	
PRINTED NAME:		SIGNATURE:			