

MISSOURI DEPARTMENT OF TRANSPORTATION

Form OJT-3

TRAINING COMPLETION REPORT

TRAINEE NAME _____ HOME ADDRESS _____
 SSN# (LAST FOUR NUMBERS) _____ TELEPHONE NUMBER: _____
 CONTRACTOR : _____ CRAFT _____
 UNION MEMBER YES NO UNION NAME _____
 ETHNIC BACKGROUND:
 African American Hispanic Native American Asian American Caucasian Other
 GENDER: MALE FEMALE No. of Trainee Hours Completed to Date (all Projects) _____

TRAINING INFORMATION

COUNTY	ROUTE	FEDERAL-AID PROJECT	JOB NUMBER	HOURS

DATES OF TRAINING

BEGINNING DATE _____ ENDING DATE _____

REASON FOR TERMINATION

- | | |
|--|---|
| <input type="checkbox"/> Completed Program; retained as Journeyperson | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <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 |

COMMENTS ON TRAINEE'S PERFORMANCE: _____

 Date CONTRACTOR SIGNATURE

 ORG CODE DATE SIGNATURE OF MoDOT REPRESENTATIVE

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