

Weekly OJT Evaluation Form

Week Ending: _____

Maine

STATE USE ONLY Hours eligible for reimbursement: _____

Department of Transportation

Trainee Name: _____

Classification: _____

Project #: _____

Wage: _____

Location: _____

Effective Date: _____

Company: _____

**Submit to: Construction Manager
(include for off site training)**

Phase of Training	Safety	Productivity	Quality	Understanding	Attitude	Attendance	Required Hours	Hours Accumulated Last Week	Total Hours <u>This Week</u>		Total Hours Accumulated To Date
									on site	off site	
N=Needs Improvement A=Acceptable E=Excellent							Total Hours				

Date: _____

Explanation:

- _____ • **Promotion** (wage increase: _____)
- _____ • **Discipline** _____
- _____ • **Dismissal** _____
- _____ • **Quit** _____
- _____ • **Laid Off** _____

Job Functions Performed This Week & Other Comments:
(Complete Each Week)

Completed by: _____
(Immediate Supervisor)

Date: _____

Trainee's Signature: _____
OJT has five working days to respond to supervisor's review.

Date: _____

MaineDOT Representative: _____ **Date:** _____

(Copies To: 1-Women Unlimited, 2-Company, 3-MaineDOT On-site Representative, 4-Trainee)