

ARIZONA DEPARTMENT OF TRANSPORTATION ON-THE-JOB TRAINING TRAINING PLAN COMPLETION SUMMARY

Upon completion of the training requirements for this project, please submit to the Field Office

I. PROJECT INFORMATION	. PROJECT INFORMATION							
CONTRACTOR NAME				ADOT PROJECT	#	-	ADOT TRACS #	
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ADRESS, CITY, STATE, ZIP CODE								
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NUMBER OF TRAINEES ASSIGNED	NUMBER OF HOURS A	ASSIGNED	7	ADOT RESIDENT	T FNGINFFR			
NUIVIDER OF TRAINCLES ASSISTANCES	INDIVIDENCE:	331011-	,	ADOT NES.SE.	ENGINEEN		1	
ACTUAL NUMBER OF TRAINEES	TOTAL NUMBER OF HO	OURS CO	MPLETED			☐ PRIM	ME SUB	
						L	/IE 300	
TO A LAURIC CLIMANA		_						
II. PROJECT TRAINING SUMMAR	RY			-	NUMBER OF	T	WAS TRAINEE TERMINATED,	
APPRENTICE or TRAINEE NAME	CRAFT	SEX	*ETHNICITY	START DATE	TRAINING HOURS	LAST DAY ON	GRADUATED, UPGRADED, OR	
ATTREM TOE OF THE STATE OF THE	Chri	35.7	Ellinaidi	JIANI DA.	COMPLETED ON THIS PROJECT	PROJECT	TRANSFERRED TO CONTINUE ON ANOTHER PROJECT?	
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						[
			<u> </u>			,		
TOTALS					<u> </u>			
* Ethnicity/Gender: (Use of this informa	ation is for reporting purpose	es only.))					
B Black, not of Hispani	nic Origin			A Asian/Pa	acific Islander			
H Hispanic	-				not of Hispanic Origin	n		
NA American Indian or I	Native Alaskan							
TRAINING HOLIDS WERE I	TOTALET DI EACE EXDI	- TALIN	DETAIL RE	OW THE G	TOD FAITU FEE	ST MADE /	ATTACLIALI	
III. IF TRAINING HOURS WERE N SUPPORTING DOCUMENTS. (Bid		AIN IIV	DETAIL BL	LOW THE G	JOD FAIIN EFFO	RT MADE A	ND ATTACH ALL	
SUPPORTING DOCUMENTS. (a item #9230001,							
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PRIME CONTRACTOR SIGNATURE	DATE		-		SUBCONTRACTOR SIG	JNATURE	DATE	
	(ONLY	/ IF USED	TO COMPLETE	TRAINING HOUR	RS)			
ADOT USE ONLY								
BECO FIELD COMPLIANCE OFFICE APPROVAL		***A	TITLE	NLY***		DATE		
BECO FIELD COIVIFLIANCE OF FICE ALTERS			IIILL			DATE		
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