



**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		
CONTRACTOR NAME	ADOT PROJECT #	ADOT TRACS #
ADDRESS, CITY, STATE, ZIP CODE		
NUMBER OF TRAINEES ASSIGNED	NUMBER OF HOURS ASSIGNED	ADOT RESIDENT ENGINEER
ACTUAL NUMBER OF TRAINEES	TOTAL NUMBER OF HOURS COMPLETED	<input type="checkbox"/> PRIME <input type="checkbox"/> SUB

II. PROJECT TRAINING SUMMARY							
APPRENTICE or TRAINEE NAME	CRAFT	SEX	*ETHNICITY	START DATE	NUMBER OF TRAINING HOURS COMPLETED ON THIS PROJECT	LAST DAY ON PROJECT	WAS TRAINEE TERMINATED, GRADUATED, UPGRADED, OR TRANSFERRED TO CONTINUE ON ANOTHER PROJECT?
TOTALS							

* Ethnicity/Gender: (Use of this information is for reporting purposes only.)

- | | |
|---|--|
| B Black, not of Hispanic Origin | A Asian/Pacific Islander |
| H Hispanic | W White, not of Hispanic Origin |
| NA American Indian or Native Alaskan | |

III. IF TRAINING HOURS WERE NOT MET, PLEASE EXPLAIN IN DETAIL BELOW THE GOOD FAITH EFFORT MADE AND ATTACH ALL SUPPORTING DOCUMENTS. (Bid Item #9230001)

PRIME CONTRACTOR SIGNATURE _____ DATE _____ SUBCONTRACTOR SIGNATURE _____ DATE _____

(ONLY IF USED TO COMPLETE TRAINING HOURS)

ADOT USE ONLY		
BECO FIELD COMPLIANCE OFFICE APPROVAL	TITLE	DATE