



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES

MONTHLY TRAINING REPORT

The Contractor must fill in the project (Section 645) training hours each month using the table below. The Contractor should retain the original, updating it monthly while the apprentice remains on the project. The Contractor is required to submit copies of each month's updated report by the 15th of the following month.

Project No. (Federal/State)		Project Name													
Contractor				Point of Contact				Phone							
Apprentice/Trainee				Social Security Number				Job Class							
Gender: Female <input type="checkbox"/>		Male <input type="checkbox"/>		Ethnicity: Alaska Native <input type="checkbox"/>		Asian/Pacific Islander <input type="checkbox"/>		American Indian <input type="checkbox"/>		Caucasian <input type="checkbox"/>		African American <input type="checkbox"/>		Hispanic <input type="checkbox"/>	
Anticipated Start Date (From Form 25A-311): _____															
Date Apprentice/Trainee Started On This Project: _____															
Date Apprentice/Trainee Employment Report (Form 25A-312) approved by the Engineer: _____															
1 ST YEAR - _____															
JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC				
2 ND YEAR - _____															
JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC				
3 RD YEAR - _____															
JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC				
When the Apprentice/Trainee separates from this project, an explanation must be given: <input type="checkbox"/> end of work <input type="checkbox"/> seasonal shutdown <input type="checkbox"/> terminated for cause <input type="checkbox"/> quit															
What was the last date Apprentice/Trainee worked on this project?															
IF YOU ARE USING AN ADOT&PF 500 hour training program (provided on form 25A-310) to meet the training requirements the following two questions must be answered:															
1) Did the trainee complete the required 500 hour training curriculum?								<input type="checkbox"/> YES		<input type="checkbox"/> NO					
2) If no, will this trainee continue the training program next season on this project?								<input type="checkbox"/> YES		<input type="checkbox"/> NO					
If no, explain why not.															
I certify that this form has been examined by me, and to the best of my knowledge and belief, is true, correct and complete.															
_____ Signature of Contractor						_____ Date									

Send to: Project Files
Regional Contract Compliance Liaison
Civil Rights Office, P.O.Box 196900, Anchorage, AK. 99519-6900
Contractor