

OHIO DEPARTMENT OF TRANSPORTATION  
TRAINEE REPORTING FORM

1. Name of Trainee \_\_\_\_\_ 2. Social Security No. \_\_\_\_\_

3. Address \_\_\_\_\_  
Street City State Zip Code

4. \_\_\_\_\_ 5. Sex: Male \_\_\_\_\_ Female \_\_\_\_\_  
Telephone Number

6. Race: Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Native American \_\_\_\_\_ Asian Pacific \_\_\_\_\_ Caucasian \_\_\_\_\_

7. District \_\_\_\_\_ 8. Project Number \_\_\_\_\_ Commercial \_\_\_\_\_

9. Contractor \_\_\_\_\_

10. Job Classification of Trainee <sup>1</sup> \_\_\_\_\_

11. Type of OJT Training: Apprentice \_\_\_\_\_ Other \_\_\_\_\_

12. Indicate Trainee's year in DOL <sup>2</sup> Approved Program (1st year, 2nd year, etc..) \_\_\_\_\_

13. Trainee Status Information

Total Hours Accumulated (Laborers only) \_\_\_\_\_

Start Date \_\_\_\_\_  
(Month, day and year)

Indicate which of the following applies: Report as of December 31, \_\_\_\_\_  
Ending Date <sup>3</sup> \_\_\_\_\_

14. Trainee Status (Please check one):

Laid off \_\_\_\_\_ Transferred \_\_\_\_\_ Quit \_\_\_\_\_ Medical Reasons \_\_\_\_\_

Resigned \_\_\_\_\_ Currently working \_\_\_\_\_ Terminated \_\_\_\_\_ Other \_\_\_\_\_

15. Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>1</sup> Show job assignments for Laborer Trainees, e.g. Laborer Trainee (Pipe Layer)

<sup>2</sup> Department of Labor

<sup>3</sup> Indicate ending date if before December 31