



TRAINEE TERMINATION REPORT On-The-Job Training Program

INSTRUCTIONS: This report is to be completed by the Contractor (or subcontractor) and attached to the Trainee's final Monthly Training Status Report. The report is to be submitted by the 5th of the month following the end of the reporting period for the Monthly Training Status Report. Two copies of the report are to be submitted to the Resident Construction Engineer and one copy is to be given to the trainee.

(1) S.C. File Number	(2) Trainee's phone number	(3) Trainee's name		
(4) Trainee's address				
(5) Training category (Check one) New Hire <input type="checkbox"/> Upgrade <input type="checkbox"/>	(6) Is Trainee a disadvantaged person? Yes <input type="checkbox"/> No <input type="checkbox"/>	(7) Trainee's gender M <input type="checkbox"/> F <input type="checkbox"/>		
(8) Trainee's ethnic group White <input type="checkbox"/> Black <input type="checkbox"/> Asian American <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Other (specify)				
(9) Job classification of trainee	(10) Total hours in Training Program	(11) Date training began		
(12) Trainee's supervisor's name	(13) Supervisor's position/title	(14) Supervisor's phone number		
(15) Reason for termination from training (give additional explanation in box below when needed)				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> S _____ Satisfactorily completed required training hours and achieved necessary skills [please ATTACH CERTIFICATE] G _____ Graduated early because achieved necessary skills in less hours [please ATTACH CERTIFICATE] N _____ No other work available; construction phase completed [EXPLAIN in (19) below what trainee is doing now] TF _____ Transferred to another job [NOTE: if transferred to SC project with OJT requirements, GIVE SC FILE NO.] A _____ Another company/business hired him/her C _____ Change of classification </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> M _____ Moved out of the area H _____ Health problems/ illness D _____ Death L _____ Layoff/downsizing TP _____ Transportation or travel distance problems P _____ Personal problems [please EXPLAIN in (16) below] F _____ Fired [please EXPLAIN in (16) below] Q _____ Quit, w/ no explanation [please EXPLAIN in (16) below] O _____ Other [please EXPLAIN in (16) below] </td> </tr> </table>			S _____ Satisfactorily completed required training hours and achieved necessary skills [please ATTACH CERTIFICATE] G _____ Graduated early because achieved necessary skills in less hours [please ATTACH CERTIFICATE] N _____ No other work available; construction phase completed [EXPLAIN in (19) below what trainee is doing now] TF _____ Transferred to another job [NOTE: if transferred to SC project with OJT requirements, GIVE SC FILE NO.] A _____ Another company/business hired him/her C _____ Change of classification	M _____ Moved out of the area H _____ Health problems/ illness D _____ Death L _____ Layoff/downsizing TP _____ Transportation or travel distance problems P _____ Personal problems [please EXPLAIN in (16) below] F _____ Fired [please EXPLAIN in (16) below] Q _____ Quit, w/ no explanation [please EXPLAIN in (16) below] O _____ Other [please EXPLAIN in (16) below]
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(16) Explanations from (15) above				
(17) Quality of trainee's work by the end of the training period Excellent <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>		(18) Date report completed		
(19) Signature of person completing form	(20) Title of person completing form	(21) Phone number of person completing form		
(22) Contractor's name and address				
(23) Resident Construction Engineer's signature		(24) Date signed		