

**SOUTH DAKOTA DEPARTMENT OF TRANSPORTATION**

Civil Rights Program

**Monthly Trainee Status Report**

*THIS PORTION IS TO BE COMPLETED BY CONTRACTOR*

Report for Period Ending \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Trainee Name

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Contractor

\_\_\_\_\_  
Project Number(s)/PCN(s) of Trainee Registration

<b>PROJECT/ LOCATION</b>	<b>WEEK ENDING</b>	<b>HOURLY WAGE</b>	<b>TRAINING HOURS WORKED</b>	<b>NON- TRAINING HOURS</b> (25% of program hours MAX)	<b>OFF-SITE TRAINING HOURS</b> <small>(List all off-site training hrs-only 100 hrs eligible for reimbursement)</small>

\_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
 Total Hours from Last Report + Total Training Hours + ¼ Non-Training Hours + Off-Site Hours = New Total Accrued Hours

**Complete these items as appropriate:**

- A. Is the trainee working multiple projects concurrently? (check one)     Yes     No  
 If "Yes", please separate hours by project in the table above.
  
- B. Has trainee been transferred/laid off/quit/fired? (check one)     Yes     No  
 If "Yes", date? \_\_\_\_\_  
 Reason \_\_\_\_\_
  
- C. Has trainee graduated? (check one)     Yes     No  
 If "Yes", date? \_\_\_\_\_  
 Is the graduate now employed with your firm at journey level? (check one)  Yes     No

**This company certifies that it has provided supervised training as reported above in accordance with the Training Special Provision and the Approved Training Program.**

\_\_\_\_\_  
Signature of Person Preparing Report

\_\_\_\_\_  
Date

<b>SDDOT REVIEW:</b>		
Rec'd Date _____	Review Date _____	By _____

## PLEASE READ ALL INSTRUCTIONS.

**GENERAL:** This report is to be completed following the last full pay period of every month. (**NOTE:** If a pay period includes days from two different months it should be the first week reported on the next status report. For example, if July 26th is the Friday and end of the pay period, the rest of July, the 27th through the 31st, would be included with the next report.) The report is due in the Civil Rights office within one month following that pay period OR within one month of the ending of the pay period during which the trainee graduates, is suspended/laid-off, quits or is terminated. Blank copies of this form can be found at: <https://dot.sd.gov/programs-services/civil-rights/on-the-job-training-ojt>. Following the initial report, subsequent reports should include only training hours since the last report.

**Report for Period Ending** – Date of the ending of the last pay period covered by this report.

**Trainee Name** – Trainee's name as show on the registration form.

**Job Title** – The job title as shown on the registration form, i.e. "Form Builder", "Front end Loader Operator", etc. DO NOT USE wage group codes – use job titles as listed in the program booklet or on the wage scale.

**Contractor** – Name of firm providing training; may be prime or subcontractor.

**Project Number/PCN of Registration** – Project Number as it appears on contract, as "F 0099(82)713, PCN 1234". Be sure to include the PCN number. If working on multiple projects, please list all projects listed as a trainee.

**Project/Location** -- If the Trainee works on multiple projects during the monthly period be sure to indicate every project and indicated the number of hours. If work on multiple projects in same work week, please list each project separately in the table.

**Week Ending** – Date of last day of pay period as "3-10-06" or "10-26-06".

**Hourly Wage** – Wage Rate as shown on payroll.

**Training Hours Worked** – Training hours only – total of regular and overtime training hours worked during the pay period. DO NOT show regular and overtime hours separately on this report. DO NOT show non-training hours. Also it is important to show all Training hours even those not on federal-aid construction projects. If the Trainee works on multiple projects during the period, please indicate in the margin the number of hours per project.

**Non-Training Hours** – Number of hours that are worked outside the training program. The trainee will receive credit for 25% of their total program hours to towards graduation. For example, if a trainee is registered in a training program that requires 800 hours to graduate, the trainee will receive credit for 200 Non-Training hours worked; however, all Non-Training Hours must be reported.

**Off-site Training Hours** -- Number of training hours performed on off-site projects. All off-site training hours should be listed as all training hours count towards graduation. A limit of 100 off-site training hours are eligible for reimbursement purposes only.

**Accrued Hours Formula** – Total Hours from last report plus Total Training Hours plus ¼ (25%) Non-Training Hours plus Off-Site Training Hours equals new accrued hourly total.

Complete the items on the lower portion as appropriate.

**Multiple Concurrent Projects** – when a trainee is going back and forth between two jobs at the same time without quitting one and starting another. PLEASE BE SURE TO CHECK "YES" IF THE TRAINEE IS SPLITTING TIME ON MUTLIPL E CONCURRENT PROJECTS.

**NOTE:** If a trainee has a change in hourly wage rate during a pay period, split that pay period across two lines – use the first to show information for the hours up to the change and then use the next line, same payroll number, week ending, etc. to show the new rate and the hours worked at that rate. The same procedure should be used if a Trainee works on more than one project in the same week.

**REMEMBER – REPORT IS DUE FOLLOWING THE LAST FULL PAY PERIOD OF THE MONTH OR IMMEDIATELY IN THE CASE OF TERMINATION, LAYOFF OR QUIT. PENALTIES MAY BE ASSESSED FOR LATE REPORTS.**

**Monthly Trainee Status Reports may be mailed or e-mailed to:**

**US Mail Monthly Status Report to:**  
June Hansen – Civil Rights Program  
Department of Transportation  
700 East Broadway Avenue  
Pierre, SD 57501-2586

**E-mail Monthly Status Report to:**  
June.Hansen@state.sd.us

**There is no longer a Fax Option.**