South Dakota Department of Transportation
Civil Rights Program

OJT MONTHLY STATUS REPORT

Do not fill out this form in your web browser (Download form to sign and submit electronically)

PLEASE COMPLETE CONTRACTOR SECTION – CLICK ON SUBMIT FORM WHEN COMPLETED

Report for Month Ending Select Month 20____ Contractor _____

Trainee Name _____ Training Program _____

Project Number/PCNs of Trainee Registration _____

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

TOTAL HOURS FROM LAST REPORT	TOTAL TRAINING HOURS	25% NON-TRAINING HOURS	TOTAL OFF-SITE HOURS	NEW TOTAL ACCRUED HOURS
	0	0	0	0

Complete these items as appropriate:

A. Is the trainee working multiple projects concurrently? ☐ Yes ☐ No
If "Yes", please separate hours by project in the table above.

B. Has trainee been transferred, laid off, terminated (voluntarily or involuntarily)? ☐ Yes ☐ No
If "Yes", effective date _____
Reason: _____

C. Has trainee graduated? ☐ Yes ☐ No
If "Yes", date completed program _____
Is the graduate now employed with your firm at journeymen level? ☐ 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.

Submit Form

_____ _____
Signature of Person Preparing Report **Date**

SDDOT REVIEW:

Received Date _____ **Review Date** _____ **By** _____