



COMPLIANCE UNIT/OFFICE OF CONTRACTS AND CONSTRUCTION MANAGEMENT



TRAINING REPORT

Instructions:

This report is to be completed by the contractor/consultant:

- Immediately upon hiring of an apprentice/technician/trainee
- Satisfactory completion of training
- Upon the separation of apprentice/technician/trainee

The original is to be submitted to the Compliance Unit (address above) Office of Construction Management and a copy to the trainee.

Project TA No.
Project D No.
<input type="checkbox"/> Construction <input type="checkbox"/> Consultant

Contractor/Consultant Name	Address 1
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Trainee Name (Last, First, MI)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Address 2
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Date of Birth	Social Security No. -      -	Employee Status <i>(Please check one)</i> <input type="checkbox"/> New Hire <input type="checkbox"/> Up-grade <input type="checkbox"/> Partially Trained
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Ethnic Group Representation *(Please check one)*

<input type="checkbox"/> White	<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Black	<input type="checkbox"/> Native American/Alaskan Native
<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Hispanic <input type="checkbox"/> Disadvantaged <input type="checkbox"/> Documentation <input type="checkbox"/> Affidavit

Training Summary *(Please enter previous training hours - allocated to previous projects)*

Job Classification <i>(Please Check One)</i> <input type="checkbox"/> Technician <input type="checkbox"/> Trainee <input type="checkbox"/> Apprentice	Training Program Name	Date Training Started on this Contract
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**REPORTING PERIODS**  
 Instructions: *(Use one vertical column to report succeeding training periods.)*

	A	B	C	D	E	F	G
Reporting Date(s)							
Hours provided this period							
Hours to date							
Hours remaining to complete							

If training was terminated prior to completion of the project or training program please give reasons:

Compliance Unit: (Comments)

Report Reviewed by:

Signature of Contractor/Consultant Representative	Title	Date
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Report Reviewed by:

Signature of Thruway Liaison Engineer	Title	Date
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