



Montana Department of Transportation Office of Civil Rights EEO 7a Monthly Training Report

INSTRUCTIONS: The original and one copy of this report are due in the office of the MDT Engineering Project Manager by the **10th day of the month following the training.** A report must be submitted for each trainee in an approved training slot on each project.

Project No: _____ Report Covers Month of: _____

Designation: _____ Pay Periods: _____ through _____

Contractor: Prime Sub Replacement: (check one) Yes No

Contractor's Name: _____ Original Trainee: _____

Ethnicity: (check one) Native American Hispanic Asian Black White

Gender: Male Female

Date Trainee started on this project: _____ Trainee received copy of Training Report Yes No

Trainee Name and Address: _____

Source Trainee was recruited from: _____

Trainee Classification: Laborer Operator Truck Driver Carpenter

Apprentice Classification: _____

Please Rate Trainee in the Following Areas:

*U=Unacceptable *N=Needs Improvement S=Standard A=Above Standard *E=Excellent

Safety	Productivity	Quality	Understanding	Attitude	Attendance	Total Hours This Month	Total Hours To Date

*If U, N or E, please explain: _____

Additional comments regarding trainee's progress this month: _____

Trainee's Signature: _____ Date: _____

Trainer's Signature: _____ Date: _____

Project Superintendent's Signature: _____ Date: _____

MDT Engineering Project Manager's Signature: _____ Date: _____

