

Office of Civil Rights On-the-Job Training Monthly Progress Report

OJT Program Manager:
Chris Ferguson
cferguson@mt.gov
406-444-6945

Instructions: Submit to the EPM **10 calendar days following month end**. Example: March hours are due April 10th. **Capture one calendar month and one trainee per report**. Hours in training should reflect hours on the certified payrolls although they may not reflect full pay weeks. EPM submits to OJT Program Manager. Must be approved before reimbursement can be made.

PROJECT INFORMATION	
Contract ID:	Fed/State Project Number:
Project Description:	Engineering Project Manager:
Prime Contractor:	Contractor fulfilling the OJT Requirement (if not Prime):

TRAINEE INFORMATION – Indicate the number of hours spent in each training subject	
Trainee Name:	Training Classification:
Reporting Month	Replacement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who did they replace?

TRAINING RATING & HOURS – For each training subject covered this month, rate the trainee on their safety, productivity, quality, and understanding by using the 5-point scale (N = Needs Improvement, AS = Almost Satisfactory, G = Good, and E = Excellent). List the total training hours per subject for the month and the overall cumulative total to date.						
Training Subject	Safety	Productivity	Quality	Understanding	Monthly Total	Total Cumulative Hours To Date
Orientation						
Safety						
Care & Maintenance						
Observed Operation/Work						
Independent Operation/Work						
This Month's Hours →						
Grand Total Hours to Date →						

TRAINEE PERFORMANCE & STATUS	
How was the trainee's attendance this month?	<input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor
How was the trainee's attitude this month?	<input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor
Trainee Status: (check one)	<input type="checkbox"/> On Board <input type="checkbox"/> Disciplined <input type="checkbox"/> Dismissed <input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Completed Training
Comments:	

SIGNATURES – Ink or Electronic Stamp			
Supervisor	Date	Trainee	Date

MDT USE ONLY – If PDF, EPM should use electronic reviewed stamp.		DISSEMINATION: Contractor, EPM, CAS	
Engineering Project Manager	Matches Certified Payrolls: <input type="checkbox"/> Yes <input type="checkbox"/> No	OJT Program Manager	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove
If disapproved, provide explanation:			
<i>Disapproved training hours will not count, be credited, or reimbursed.</i>			