

OJT WEEKLY PROGRESS REPORT

TRAINEE NAME: _____
TRAINING CLASSIFICATION: _____
PROJECT: _____

START DATE: _____
WAGE: \$ _____
CONTRACTOR: _____
WEEK ENDING: _____

TRAINING PHASE	Safety	Productivity	Quality	Understanding	Attitude	Attendance	Total Hrs This Week	Total Hours Accumulated to Date	
GRAND TOTALS	→								GRAND TOTAL HRS TO DATE

N = NEEDS IMPROVEMENT A = ACCEPTABLE E= EXCELLENT

STATUS

	ON BOARD	_____
	DISCIPLINED (ATTACH DOCUMENTATION)	_____
	DISMISSED	_____
	QUIT	_____
	LAI D OFF	_____
	COMPLETED TRAINING PROGRAM	_____

SUPERVISOR SIGNATURE

TRAINEE SIGNATURE

REPORT DISTRIBUTION: State Resident Engineer
 VTrans Office of Civil Rights & Labor
 Contractor OFFICE Trainee File
 Contractor ON-SITE Trainee File
 Trainee