

Missouri Department of Transportation

Contractor's Monthly Trainee report

Report #: _____

Trainee Name: _____

Craft: _____

Social Security No. (last 4) : _____

Contractor : _____

Month Ending : _____

Project No. : _____

Name of approved Program : _____

Journey Rate : _____ % of Pay : _____ No. of Hours Required by Training Program : _____

Actual Rate : _____ No. of Site Hours Trained to Date : _____

Date of Upgrade : _____

First Quarter : _____ Third Quarter : _____

Second Quarter : _____ Final Quarter : _____

Week		Weekly Project Hours	Project Hours To Date
	to		
	to		
	to		
	to		
	to		

Contractor

Date

MoDOT Representative

Date

I certify that the hours listed in the table above
were validated against the certified payroll for the weeks listed.

INSTRUCTIONS: DesignBuild Projects – MoDOT Representative will be MoDOT Team Staff
MoDOT Construction – MoDOT Representative will be project office staff
LPA Project – MoDOT Representative will be LPA Sponsor staff

DISTRIBUTION: Contractor – Submit by e-mail to your Project Contact.
Representative: Distribute electronically to ECR and Contract File.