Print Form

U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL HIGHWAY ADMINISTRATION

FEDERAL-AID HIGHWAY CONSTRUCTION
CONTRACTOR'S SEMIANNUAL TRAINING REPORT

FEDERAL-AID PROJECT NO.

INSTRUCTIONS: *This report is to be completed by the contractor semiannually for each individual employed on this contract (including any subcontractors under it who has received training during the reporting period under the training special provision (attachment 2 FHPM 6-4-1.2)). The report is to be submitted by the 20th of the month following the reporting period. (July 20, and January 20). The original of this report is to be furnished to the trainee and two copies submitted to the Georgia Department of Transportation*

1. NAME OF CONTRACTOR

1a. ADDRESS

2. NAME OF TRAINEE

2a. SEX. ☐ M ☐ F

2b. ADDRESS

3. AGE OF TRAINEE

4. SOCIAL SECURITY NUMBER

5. EMPLOYEE STATUS *(CHECK ONE)* ☐ NEW HIRE ☐ UP-GRADE

6. ETHNIC GROUP DESIGNATION *(CHECK ONE)*
☐ AFRICAN AMERICAN ☐ ASIAN ☐ SPANISH AMERICAN ☐ AMERICAN INDIAN ☐ OTHER

7. SUMMARY OF PREVIOUS TRAINING: *(ENTER AMOUNT AND TYPE OF TRAINING RECEIVED BY TRAINEE ON OTHER CONTRACTS UNDER APPROVED TRAINING PROGRAMS).*

HOURS COMPLETED TOWARD HOURS REQUIRED IN TRAINING PROGRAM FOR

PERSONS IN HOUSEHOLD

TOTAL HOUSEHOLD INCOME

8. JOB CLASSIFICATION OF TRAINEE

9. DATE TRAINING STARTED ON THIS CONTRACT

TYPE OF ON THE JOB TRAINING *(CHECK ONE)* ☐ APPRENTICESHIP ☐ OTHER

REPORTING PERIODS

INSTRUCTIONS: *One vertical column is to be completed for each succeeding reporting period and the form submitted. Enter June 30, Dec. 31 as applicable in columns a thru h below*

	HOURS OF TRAINING DATA	A	B	C	D	E	F	G	H
		20	20	20	20	20	20	20	20
11.	PROVIDED DURING REPORT PERIOD								
12.	PROVIDED TO DATE								
13	REMAINING TO COMPLETE THE APPROVED PROGRAM								

14. TERMINATION
(IF TRAINING WAS TERMINATED PRIOR TO COMPLETION OF APPROVED PROGRAM EXPLAIN REASON FOR TERMINATION
EFFECTIVE DATE

(CHECK APPROPRIATE)

☐ 1. FULL COURSE
☐ 2. EARLY COMPLETION
☐ 3. ACCEPTED FULL-TIME JOB
☐ 4. INVOLUNTARILY DROPPED
☐ 5. VOLUNTARILY DROPPED
☐ 6. TRANSFERRED TO OTHER TRAINING PROGRAM
☐ 7. TRANSFERRED TO OTHER PROJECT

15. REPORT PREPARED BY (SIGNATURE AND TITLE OF CONTRACTOR'S REPRESENTATIVE)

(SIGNATURE) *(TITLE)*

15a. DATE

16. REPORT REVIEWED BY (SIGNATURE AND TITLE OF GDOT OFFICIAL)

(SIGNATURE) *(TITLE)*

16a. DATE

FORM-1409
(REV. 10-04)