Construction Training Program
Training Report

Contractor:_____
Contract #/Project Name_____

PARTICIPATION INFORMATION				
Reporting Period:				
Week Ending	Individual's Last Name	SSN (last 4)	Classification	hours for pay period
OJT GRADUATE OR APPRENTICESHIP GRADUATE INFO				
Training hours for the reporting month (OJT only):				
Total training hours (current and previous months, OJT only):				
Percentage of training completed (OJT only): **%**				

_____ _____ _____
Contractor representative Phone no. Email

TRAINEE STATUS CHANGE		
Last Name	Action Date	Action

CITY OF AUSTIN USE ONLY	
Name:	Date:
Signature:	
Comments:	

Submit to CCOWageComplianceDL@austintexas.gov, or call the Capital Contracting Office at 512-974-7181, and ask to speak to the Construction Training Program Administrator.

This is an Equal Opportunity Program.