TA-W1041 (05/2022)



Office of Procurement Services - Compliance Unit P.O. Box 189 Albany, NY 12201-0189 (518) 471-5830

## TRAINING REPORT

## **INSTRUCTIONS:**

This report is to be completed by the contractor:

- Immediately upon hiring of an apprentice/technician/trainee
- Upon satisfactory completion of training
   Upon the separation of apprentice/technician/trainee

Contract TA No.

The original is to be submitted to the Thruway Project Engineer (TPE)/Engineer-in-charge (EIC) for approval.						Contract D No.	
Section I Contracto	r/Trainee Info	mation					
Contractor Name				Trainee Name (Last, First, MI)			
Trainee Street Address			City		State	Zip Code	
Social Security No.	Employee Status				Gender		
(last four digits)	(Check one)	New Hire	Upgrade	Re-hire	F	M X	
Ethnic Group Representation (Check one) The Training Special Provision is to provide training opportunities to minorities and women.							
White	☐ Black o	r African America	merican Hispanic		or Latino		
Asian	American Indian or Alaska Native			Native Hawaiian or Other Pacific Islander			
Black or African American Hispanic or Latino - A pers of race. Asian - A person having orig example, Cambodia, China, American Indian or Alask America), and who maintain Native Hawaiian or Other Islands.  Section II Training I	son of Cuban, Mexica gins in any of the orig India, Japan, Korea, <b>a Native</b> - A person s tribal affiliation or o	n, Puerto Rican, ginal peoples of t Malaysia, Pakista having origins in community attach	South or Central he Far East, Sout an, the Philippine any of the origin nment.	American, or other Spane heast Asia, or the Indi Islands, Thailand and al peoples North and S	an Subcontiner Vietnam. South America (	nt, including, for	
Job Classification (Check one)			Training Program Name		Start Date	Completion Date	
Trainee Technician Apprentice							
Local/Sponsor (Union No. or D	OOL)						
		TRAINING I	HOURS SUMMAR	RY			
Previous hours completed Hours earned on this project Total completed hours							
Trainee did not complete the p	project and/or trainin	g program due t	0:				
Seasonal Layoff	Temporary Layoff	Co	ontract Completed	d Terminat	ted (provide wr	itten justification)	
Section III Review/A	pproval						
Reviewed by:							
Signature of Contractor Representative			Title			Date	
Reviewed/Approved by:							
Signature of Thruway Project Engineer/Engineer-in-charge			Title			Date	