TA-W1041 (03/2017)

Clear Form

NEW YORK STATE OF OPPORTUNITY. Thruway Authority

Office of Construction Management - Compliance Unit
P.O. Box 189
Albany, NY 12201-0189

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

The original is to be submitted to the Thruway Project Engineer for approval.

Contract TA No.
Contract D No.

Section I Contractor/Trainee Information

Contractor Name			Trainee Name (Last, First, MI)	
Trainee Street Address	City	State	Zip Code	Gender ☐ M ☐ F

Social Security No. **(last four digits)**	Employee Status (Check one) ☐ New Hire ☐ Upgrade ☐ Re-hire

Ethnic Group Representation (Check one)

The Training Special Provision is to provide training opportunities to minorities and women.

☐ White ☐ Black or African American ☐ Hispanic or Latino

☐ Asian ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander

White (not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
Black or African American - A person having origins in any of the black racial groups of Africa.
Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
American Indian or Alaska Native - A person having origins in any of the original peoples North and South America (including Central America), and who maintains tribal affiliation or community attachment.
Native Hawaiian or Other Pacific Islander - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Section II Training Information

Job Classification (Check one) ☐ Trainee ☐ Technician ☐ Apprentice Local/Sponsor (Union No. or DOL) _____	Training Program Name	Start Date	Completion Date

TRAINING HOURS SUMMARY

Previous hours completed _____ Hours earned on this project _____ Total completed hours 0.00

Trainee did not complete the project and/or training program due to:

☐ Seasonal Layoff ☐ Temporary Layoff ☐ Contract Completed ☐ Terminated (provide justification)

Section III Review/Approval

Reviewed by:

Signature of Contractor Representative	Title	Date

Reviewed/Approved by:

Signature of Thruway Project Engineer	Title	Date