AGC of TEXAS
On-the-Job Training Program
Monthly Reporting Form

TRAINEE INFORMATION

Last Name:	First Name:	SSN (Last 4 Digits):
Training Classification:	Max Hours:	Hourly Wage Rate:
Contractor:		

TRAINING INFORMATION

Reporting Month:

Payroll Period (Weekly)	Project ID	Project Manager	Email	Training Hours for Payroll Period
Total training hours prior to this month:				
Total training hours for this reporting month:				
Total training hours (current and previous months):				

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Contractor Representative	Contact Phone	Email

TRAINING STATUS

Date of Graduation:	Date of Termination/Resignation:
Reason for trainee leaving program or additional comments:	

AGC USE ONLY

Reviewer Name:	Title:
Comments:	

Please submit the completed form to ojt@agctx.org by the 15th of each month.
Report hours from the preceding month. THIS IS AN EQUAL OPPORTUNITY PROGRAM