

4-14-2014

Weekly OJT Evaluation Form, April 14, 2014

Maine Department of Transportation

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Week Ending: _____

Weekly OJT Evaluation Form

MaineDOT, Civil Rights Office

Trainee Name: _____ Classification: _____
 Project #: _____ Wage: _____
 Location: _____ Effective Date: _____
 Company: _____ Submit to: Construction Manager
 (include for off-site training)

STATE USE ONLY
 Hours eligible for
 reimbursement: _____

N=Needs Improvement A=Acceptable E=Excellent

Phase of Training □	Safety	Productivity	Quality	Understanding	Attitude	Attendance	Required Hours	Hours Accumulated as of Last Week		Total Hours Accumulated To Date
								on site	off site	
Total Hours										

Date: _____ Explanation: _____

Promotion (wage increase: _____)
 Discipline _____
 Dismissal _____
 Quit _____
 Laid Off _____

**Job Functions
 Performed This Week & Other Comments:
 (Complete Each Week)**

Completed by: _____ Date: _____ Trainee's Signature: _____ Date: _____
(Immediate Supervisor)

MaineDOT Representative: _____ Date: _____

(Copies To: 1-MaineDOT, 2-Company, 3-MaineDOT On-site Representative, 4-Trainee)