

**Minnesota Department of Transportation Office of Civil Rights
On-the-Job Training Program**

Trainee Departure Form

The *Trainee Departure Form* is to be completed by the contractor and submitted to the MnDOT Office of Civil Rights within 15 calendar days of an OJT trainee voluntarily or involuntarily leaving the company.

Contractor Information

Date: _____ **SP/SAP Number:** _____

Contractor Name: _____ **Prime** **Subcontractor**

EEO Officer: _____

Email Address: _____ **Phone:** _____

Trainee Information

Name: _____ **Phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Ethnicity: _____ **Gender:** _____

Start Date: _____ **End Date:** _____

Hours Assigned: _____ **Hours Completed:** _____

Provide the reason for trainee departure:

Quit Voluntarily _____ Terminated Involuntarily _____ Other _____

Provide a brief explanation:

Return Completed Trainee Departure Form To:

OJT Program Coordinator: _____ **Email:** _____

Fax: _____ **Phone:** _____

Mail: MnDOT Office of Civil Rights, 395 John Ireland Blvd., MS 170, St. Paul, MN 55155

Equal Opportunity Employer

