

MINNESOTA DEPARTMENT OF TRANSPORTATION  
OFFICE OF CIVIL RIGHTS CERTIFICATION OF ON-THE-JOB TRAINING HOURS  
**FEDERAL-AID-PROJECTS**

Contractor: *submit original and one copy monthly to the project engineer*

CONTRACTOR	REPORTING PERIOD:
ADDRESS	S.P. NO. (LOW):
	F.P. NO.:

TRAINEE	HOURS WORKED PREVIOUSLY	HOURS WORKED THIS PERIOD	TOTAL HOURS TO DATE

AMOUNT OF CLAIM \_\_\_\_\_ HOURS @ \_\_\_\_\_ PER HOUR = \$ \_\_\_\_\_

Progress of Trainee(s)    Excellent        Very Good        Good        Below Good

COMMENTS (Please detail any supplementary training offered):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<p><b>CONTRACTOR:</b> The undersigned contractor hereby certifies that the listed employees are bonafide trainees as required by the On-the-Job Training Special Provision and that they have worked the hours as reported above.</p> <p>_____</p> <p style="text-align: center;"><i>Contractor Signature/Title</i> <span style="float: right;"><i>Date</i></span></p>
<p><b>PROJECT ENGINEER:</b> I hereby certify that the On-the-Job training hours reported above have been reviewed and found correct.</p> <p>_____</p> <p style="text-align: center;"><i>Engineer Signature/Title</i> <span style="float: right;"><i>Date</i></span></p>