

Missouri Department of Transportation Final Trainee Summary

Contract ID: _____

Prime Contractor: _____

County: _____

Job Number: _____

Federal-Aid Project: _____

Route: _____

Trainee	Craft	Race	Gender	Hours Required on Project	Project Hours Complete	Project Hours Payable	Completed Training
Total Completed Hours:							

*Attach copy(ies) of Letter (s) from the Contractor to Trainee(s)

ORG Code

MoDOT Representative

Date

DISTRIBUTION: Contractor : Submit by e-mail to your Project Office Contact.
Project Office: Upload to eProjects.
*Attach a copy of Letter(s) from the Contractor to Trainee