



KENTUCKY TRANSPORTATION CABINET
 Department of Highways
DIVISION OF CONSTRUCTION PROCUREMENT

TC 14-311
 Rev. 07/2016
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WEEKLY TRAINING REPORT

NAME (<i>contractor</i>)	COUNTY	FED/STATE PROJECT #	CONTRACT ID
NAME (<i>trainee</i>)		SSN (<i>last four digits</i>)	WAGE (<i>per hour</i>)

CLASSIFICATION

ETHNIC GROUP (*Check one.*)

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black
- Hispanic
- Other: _____

GENDER (*Check one.*)

- Male
- Female

DATE (*training started*) **Reporting Hours in Accordance with Individual Training Program**

TRAINING CATEGORY	PHASE I	PHASE II	PHASE II	TOTALS
HOURS TRAINED THIS WEEK				
HOURS REQUIRED				
TOTAL HOURS TRAINED				
TRAINING HOURS REMAINING				

REMARKS/WEEK ENDING

PREPARED BY	TITLE	DATE
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Return completed form to: Division of Construction Procurement, 3rd Floor West, 200 Mero Street, Frankfort, KY 40622