



KENTUCKY TRANSPORTATION CABINET  
Department of Highways  
DIVISION OF CONSTRUCTION PROCUREMENT

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

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

<b>TRAINING CATEGORY</b>	<b>PHASE I</b>	<b>PHASE II</b>	<b>PHASE II</b>	<b>TOTALS</b>
<b>HOURS TRAINED THIS WEEK</b>				
<b>HOURS REQUIRED</b>				
<b>TOTAL HOURS TRAINED</b>				
<b>TRAINING HOURS REMAINING</b>				

**REMARKS/WEEK ENDING**

**PREPARED BY** **TITLE** **DATE**

Return completed form to: Division of Construction Procurement, 3<sup>rd</sup> Floor West, 200 Mero Street, Frankfort, KY 40622