

Week Ending: \_\_\_\_\_

# Weekly OJT Evaluation Form

MaineDOT, Civil Rights Office

Trainee Name: \_\_\_\_\_ Classification: \_\_\_\_\_  
 Project #: \_\_\_\_\_ Wage: \_\_\_\_\_  
 Location: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
 Company: \_\_\_\_\_ Submit to: Construction Manager  
 (include for off-site training)

**STATE USE ONLY**  
 Hours eligible for  
 reimbursement: \_\_\_\_\_

**N=Needs Improvement    A=Acceptable    E=Excellent**

Phase of Training □	Safety	Productivity	Quality	Understanding	Attitude	Attendance	Required Hours	Hours Accumulated as of Last Week		Total Hours Accumulated To Date
								on site	off site	
<b>Total Hours</b>										

**Date:** \_\_\_\_\_ **Explanation:**  
 \_\_\_\_\_  Promotion (wage increase: \_\_\_\_\_)  
 \_\_\_\_\_  Discipline \_\_\_\_\_  
 \_\_\_\_\_  Dismissal \_\_\_\_\_  
 \_\_\_\_\_  Quit \_\_\_\_\_  
 \_\_\_\_\_  Laid Off \_\_\_\_\_

**Job Functions**  
**Performed This Week & Other Comments:**  
**(Complete Each Week)**

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_ Trainee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Immediate Supervisor)

MaineDOT Representative: \_\_\_\_\_ Date: \_\_\_\_\_

(Copies To: 1-MaineDOT, 2-Company, 3-MaineDOT On-site Representative, 4-Trainee)