

CAPITAL CONTRACTING OFFICE

Construction Training Program

One Texas Center \cdot 505 Barton Springs Road, Suite 1045 \cdot Austin, TX 78704

Training Report

Date:			Start	Reporting Period: End of Reporting Period:				Period:	
SECTION I	. Project In	formatio	n						
Solicitation Number:		Company's Full Legal Name:			Project Name:			Estimated Budget:	
SECTION II	I. Trainee P	articipati	Trainee ty (OG), Con	pes for use in secti struction Ready (CI	on below: Apprentice (A), Apprentice, BP), Bilingual Program (BP), Bilingual Program (BP)	enticeship Graduate (AG) ngual Program Graduate), On the Job Tra (BPG), Upskilld	ninee (OJT), O. ed Employee (U	JT Graduate JE)
Last Name First Name		Last Four of SSN	Residential Zip Code	Wag	ge Classification	Training Organization	Type of Trainee	Employed By	Hours Worked
SECTION II	II. Trainee S	Status Ch	ange This	section is for use	only when there is a change t	to the status of a traine	e (example: p	romotion, terr	mination, ect.)
Last Name First Name		Last Four Residential of SSN Zip Code		Wag	e Classification	Status Change	Type of Trainee	Employed By	Hours Worked
SECTION II	II. Validatio	on and Ap	proval			1			
GENERAL CONTRACTOR VALIDATION STATEMENT I validate the information provided in this Training Report is accurate.					FOR USE BY CITY OF AUSTIN CAPITAL CONTRACTING OFFICE COMPLIANCE TRAINING PROGRAM				
General Contractor Representative's Full Name:					Full Name:	ull Name: Position:			
General Contractor Representative's Phone Number:					Signature:				
General Contractor Representative's Email Address:					Date:	Appr	Approved Disapproved		
Signature:			Date:		Remarks:				
Next Training R	Leport Due:								