

# Weekly OJT Evaluation Form

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

**Maine**

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

## Department of Transportation

**Trainee Name:** \_\_\_\_\_

**Classification:** \_\_\_\_\_

**Project #:** \_\_\_\_\_

**Wage:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Submit to: Construction Manager**  
(include for off site training)

Phase of Training	Safety	Productivity	Quality	Understanding	Attitude	Attendance	Required Hours	Hours Accumulated Last Week	Total Hours This Week		Total Hours Accumulated To Date
									on site	off site	
N=Needs Improvement    A=Acceptable    E=Excellent							<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:** \_\_\_\_\_  
(Immediate Supervisor)

**Date:** \_\_\_\_\_

**Trainee's Signature:** \_\_\_\_\_  
OJT has five working days to respond to supervisor's review.

**Date:** \_\_\_\_\_

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