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| LOGO2LIN | Phase III EngineeringWeekly Trainee Report |
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| Consultant |       | PTB No. |       |
|  |
| Report No. |       | Week Ending |       | County |       |
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|  | Section |       |
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|  | Route |       |
|  |
|  | District |       |
| IDOT Transportation-Related Jobs Training Program |
|  |
| (1)Trainee Name andIndividual Identification Number | (2) | (3)WorkClassification | (4) | (5)Hours and Days Worked | (6)HoursthisWeek | (7)HourstoDate |
|            |     |       |    |     |     |     |     |     |     |     |       |       |
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| I hereby certify that the hours of training listed above were given to those trainees working on the above designated project. |  | These hours were checked against the consultant’s payroll in addition to visual jobsite inspection |
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| Consultant’s Representative |  | State’s Representative |
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|  | NOTE: See instruction on reverse side. |

**Instruction to Consultants for Completing Form SBE 1014C**

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| **General:** When training is being provided in accordance with the IDOT Transportation-Related Jobs Training Program, a copy of this weekly report must be submitted to the Resident Engineer by prime consultants and subconsultants within seven (7) days of the payroll ending dateComplete the project identification information, name of prime contractor or subcontractor, report number starting from one and numbering consecutively, and the week ending date.**Column 1 - Trainee Name and Individual Identification Number:** The trainee’s full name and individual identification number (e.g., the last four digits of the employee’s social security number) must be shown on each weekly report submitted.**Column 2 - Ethnic Group:** Indicate trainee’s ethnic group using the following legend: B-Black, H-Hispanic, I-American Indian/Alaskan Native, A-Asian/Pacific Islander, O-Other.**Column 3 - Work Classification:** List classification descriptive of work actually performed by trainees. Also indicate a two-letter code for each work classification using the following legend:SU – Surveying/LayoutDO – DocumentationCI – Construction InspectionMT – Material Testing |
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| **Column 4 - Status:** Indicate whether trainee is enrolled in an apprenticeship program (A) or an on-the-job training program (T).**Column 5 - Hours and Days Worked:** Indicate the day and the number of hours worked each day.**Column 6 - Hours This Week:** Total the hours for the week for each trainee.**Column 7 - Hours to Date:** Indicate the accumulative total hours worked by each trainee on the project to date including the present week. |

For information about IDOTs collection and use of confidential information review the department’s [Identity Protection Policy](http://www.idot.illinois.gov/Assets/uploads/files/Doing-Business/Laws-%26-Rules/Chief-Counsel/Statement%20of%20Purpose%20for%20Collection%20of%20Identification%20Numbers.pdf).