

**WEEKLY TRAINEE REPORT  
(FHWA ORDER INTERIM 7-2/2)**

REPORT FOR WEEK ENDING \_\_\_\_\_

CONTRACT NO. \_\_\_\_\_  
PROJECT NO. \_\_\_\_\_

TRAINEE INFORMATION	NOTES	AGREEMENT ON FILE	DAILY HOURS OF TRAINING						
			S	M	T	W	T	F	S
<b>TRAINEE 1</b>		Yes							
Name:									
Classification:		No	<b>WEEK 1 TOTAL:</b>						
Employer:									
<b>TRAINEE 2</b>		Yes							
Name:									
Classification:		No	<b>WEEK 2 TOTAL:</b>						
Employer:									
<b>TRAINEE 3</b>		Yes							
Name:									
Classification:		No	<b>WEEK 3 TOTAL:</b>						
Employer:									
<b>TRAINEE 4</b>		Yes							
Name:									
Classification:		No	<b>WEEK 4 TOTAL:</b>						
Employer:									
<b>TRAINEE 5</b>		Yes							
Name:									
Classification:		No	<b>WEEK 5 TOTAL:</b>						
Employer:									
<b>TRAINEE 6</b>		Yes							
Name:									
Classification:		No	<b>WEEK 6 TOTAL:</b>						
Employer:									
<b>TRAINEE 7</b>		Yes							
Name:									
Classification:		No	<b>WEEK 7 TOTAL:</b>						
Employer:									
			<b>TOTAL WEEKLY HOURS:</b>						

Signature of State Representative \_\_\_\_\_ Date \_\_\_\_\_