

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF TRANSPORTATION



**ON-THE-JOB TRAINING PROGRAM
TRAINEE TERMINATION FORM**
PLEASE PRINT OR TYPE

Contractor: _____

EEO Contact: _____ Telephone No: () _____

Trainee Name: _____
Last First M.I.

Address: _____
Street/PO

City _____ State _____ Zip Code _____

Telephone No: () _____ Social Security No: _____

Race: ___ Black ___ American Indian ___ Hispanic ___ White ___ Asian

Sex: ___ Male ___ Female Classification _____

Check One: ___ OJT Project No. _____

REASON FOR TERMINATION

- _____ Construction phase completed
- _____ Death
- _____ Fired (Please explain below)
- _____ Illness/health problems
- _____ Lack of transportation and/or travel distance
- _____ Military duty
- _____ Personal
- _____ Quit to work for another company
- _____ Relocated
- _____ Other Please explain below

COMMENTS: _____

Contractor Representative's Name (Please Print): _____

Contractor Representative Signature: _____

Title: _____ Date: _____

RETAIN ORIGINAL AND MAIL COPY TO:
District Department of Transportation
On-The-Job Training Program
Office of Civil Rights
2000 14th Street, NW, 5th Floor
Washington, DC 20009