## Trainee Report

**Contract ID:**   **(office use only)**

### Instructions

The Trainee Report is to be jointly completed by the business and the training. The data contained in this report will be used to establish the business’s eligibility for claiming a state business and occupation (B&O) tax credit. Please submit electronically to [Danny Marshall](mailto:dmarshall@sbctc.edu).

Due on the Training Program End-Date: Click or tap to enter a date.

Required Information

|  | Business | Training Institution |
| --- | --- | --- |
| Name | Click or tap here to enter text. | Click or tap here to enter text. |
| Address | Click or tap here to enter text. | Click or tap here to enter text. |
| Contact Name | Click or tap here to enter text. | Click or tap here to enter text. |
| Contact Phone | Click or tap here to enter text. | Click or tap here to enter text. |
| Contact Email | Click or tap here to enter text. | Click or tap here to enter text. |

### Trainee Summary

1. **Total** **unduplicated count of trainees trained in the project:** Click or tap here to enter text.
2. **Optional – Total count of same trainees that have been hired by the business**: Click or tap here to enter text.
3. **Optional – If any of the trainees were not hired, please explain why:** Click or tap here to enter text.
4. **Job** **level and wage data:**

|  | Unduplicated count of trainees in each type of position | Average hourly wage of regular employees in these positions | Medical/health benefits offered? |
| --- | --- | --- | --- |
| Management trainees: | Click or tap here to enter text. | Click or tap here to enter text. | Yes  No |
| Supervisor trainees: | Click or tap here to enter text. | Click or tap here to enter text. | Yes  No |
| Production trainees: | Click or tap here to enter text. | Click or tap here to enter text. | Yes  No |
| Support staff trainees: | Click or tap here to enter text. | Click or tap here to enter text. | Yes  No |
| Sales trainees: | Click or tap here to enter text. | Click or tap here to enter text. | Yes  No |
| Other trainees:  Please describe: Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Yes  No |

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### Signatures

Business Signature:

Name:

Title: Date:

Training Institution Signature:

Name:

Title: Date: