

MONTHLY OJT PROGRAM REPORT AND TRAINING LOG

This is a federally mandated program required by 23 CFR 230 (Code of Regulations). Failure to fulfill this requirement may result in the Contractor being found in non-compliance. Failure to resolve the non-compliance may lead to a reduction in the Contractor's prequalification rating pursuant to the Administrative Rules Governing the Prequalification of Bidders for Highway and Transportation Construction Work.

ELIGIBILITY REQUIREMENTS FOR OJT PARTICIPANTS:

The person cannot have experience in the training program he/she will be training in;
cannot be relative of his/her employer and must be at least eighteen (18) years of age;
cannot have a college degree in a construction-related field or be on summer leave/vacation from a college program;

DISTRIBUTION: ORIGINAL - MDOT, SBL / LANSING OFFICE
COPY - CONTRACTOR
COPY - TRAINEE

INSTRUCTIONS: Contractor complete and submit form to Michigan Department of Transportation, Office of Business Development, P.O. Box 30050, Lansing, MI 48909.
Please fill out one form for each trainee, obtain trainee's signature and retain a copy for your records. Trainees cannot be placed on a project prior to training plan approval.

PLEASE CHECK ONE	CONTRACTOR (Name & Address)			MDOT VENDOR NUMBER
Contractor	_____			
Subcontractor	_____			
IF MDOT PROJECT PLEASE PROVIDE THE FOLLOWING INFORMATION:	CONTROL SECTION	JOB NUMBER	FEDERAL NUMBER	Page 2 must be completed for approval.
	_____	_____	_____	
NAME OF TRAINEE:		SOCIAL SECURITY NO. (Last 4 numbers)		
_____		_____		
ADDRESS:		PHONE: ()		
_____		_____		
ETHNIC GROUP	SEX	TRAINEE'S PAY RATE	DOES TRAINEE HAVE A COPY OF APPROVED TRAINING PROGRAM?	HAS TRAINEE REVIEWED PROGRAM REQUIREMENTS?
<input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIRE DATE:		PROGRAM START DATE:		
_____		_____		
MDOT STANDARD TRAINING PROGRAM		CONTRACTOR-DESIGNED APPROVED TRAINING PROGRAM	APPROVED UNION TRAINING PROGRAM (Apprenticeship)	
<input type="checkbox"/> Construction Craft Laborer <input type="checkbox"/> Painter <input type="checkbox"/> Cement Mason <input type="checkbox"/> Ironworker <input type="checkbox"/> Carpenter <input type="checkbox"/> Equipment Operator		Name of program: _____	Name of program: _____	
Year in Program: _____		Total hours of program: _____	Year of apprenticeship: _____	
Total hours of program: _____		** Approved transfer hours: _____	Total hours of program: _____	
** Approved transfer hours: _____		** Approved transfer hours: _____		

** NOTE: Only complete if trainee has worked previously for a different contractor in the same training program.

MONTHLY OJT PROGRAM REPORT AND TRAINING LOG *(continued)*

	ACTIVITIES FROM APPROVED PROGRAM (Include Federal Number, Job Number, Control Section where each activity was performed)	FOR EACH ACTIVITY TOTAL NUMBER OF PROGRAM HOURS
Week 1		
Week 2		
Week 3		
Week 4		
Week 5		

** ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED

TOTAL HOURS EARNED TO DATE: _____ **TOTAL HOURS EARNED THIS MONTH:** _____

COMMENTS:

PREPARED BY (Signature and Title of Contractor's Representative)	DATE	TRAINEE SIGNATURE	DATE
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NOTE: Fill this section out when Training Program has been completed. Final monthly report should be submitted within 10 days of completion.

DATE TRAINING WAS COMPLETED:	TOTAL HOURS EARNED:
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