

ON-THE-JOB TRAINING (OJT) PROGRAM YEARLY TRAINING PLAN

CONTRACTOR NAME				OJT CONTACT PERSON NAME	
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO.	FAX NO.
TELEPHONE NUMBER		CONTRACTOR VENDOR NUMBER		TOTAL TRAINEE ALLOCATIONS FOR	

****Please note:** If contractor is proposing the use of one or more program(s) other than the standard OJT Programs developed for use in the Michigan On-the-Job Training Program, the program(s) must contain a minimum of 1800 hours of training, and a copy (ies) of the program(s) must be attached. The program(s) must list the skills the trainee will receive training in, detailing the number of hours of training for each skill.

Submit Yearly Training Plan form, Training Program(s), and the attached Trainee Information Form to:

*Michigan Department of Transportation
Office of Business Development
Post Office Box 30050
Lansing MI 48909*

FOR MDOT USE ONLY:		
DATE	APPROVAL RECOMMENDATION	DISAPPROVAL RECOMMENDATION

