

# ALDOT

## ALABAMA DEPARTMENT OF TRANSPORTATION

### On-the-Job Training Program – Initial Training Plan Approval Form

(To be submitted directly to the ALDOT OJT Program Coordinator)

Date: \_\_\_\_\_

Fed. Aid Project No.: \_\_\_\_\_ Project County: \_\_\_\_\_

Prime Contractor: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

In compliance with Training Special Provision No. 22-FH0004, which is included in the contract for the above referenced project, we offer for your approval the following as our proposal to fulfill the construction training requirements. This will acknowledge our responsibility to provide training for \_\_\_\_\_ hours (number indicated in contract) for construction trainees during construction activities on this project. The On-the-Job Training provided will be aimed at developing full journeymen in accordance with our approved training program and the number of trainees to be trained in each training classification is indicated below:

Number of Trainees	Training Classification(s)	Training Hours	Month and Year Training Expected to Begin
TOTAL			

(If additional space is needed, please attach a separate sheet.)

***If subcontractors are used for some or all of the training,*** attach a separate sheet of paper with the subcontractor(s) name, address, phone number and OJT contact person.

Submitted by:		Approved by ALDOT OJT Program Coordinator	
Name		Name	
Title		Title	
Signature		Signature	
Date		Date	

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## ALABAMA DEPARTMENT OF TRANSPORTATION On-the-Job Training Program – Initial Training Plan Approval

### SUBCONTRACTORS INFORMATION

Prime Contractor: \_\_\_\_\_

Fed. Aid Project No.: \_\_\_\_\_

Training Classification(s) \_\_\_\_\_

Subcontractor Name \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Training Classification(s) \_\_\_\_\_

Subcontractor Name \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Training Classification(s) \_\_\_\_\_

Subcontractor Name \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_