

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	