Michigan Department of Transportation 0181 (09/06)

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						

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ON-THE-JOB TRAINING (OJT) PROGRAM TRAINEE INFORMATION -

	TRAINEE NAME	TRAINEE SOCIAL SECURITY NUMBER (Last 4 numbers)	HIRE DATE WITH CO.	NAME OF TRAINING PROGRAM	DATE STARTED IN TRAINING PROGRAM	PROGRAM	TOTAL HOURS TO DATE EARNED IN PROGRAM	GENDER	ETHNICITY
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									