

## Office of Civil Rights On-the-Job Training Training Program Request

OJT Program Manager:  
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**Instructions:** Complete a separate form for each proposed training program. Submit to the EPM. EPM submit to OJT Program Manager. Training Program must be approved before the trainee begins working in the training classification.

PROJECT INFORMATION	
<b>Contract ID:</b>	<b>Fed/State Project Number:</b>
<b>Project Description:</b>	<b>Training Goals Assigned:</b>
<b>Prime Contractor:</b>	<b>Engineering Project Manager:</b>

CONTRACTOR CONTACT INFORMATION – The contractor fulfilling the OJT requirement.	
<b>Contractor fulfilling the OJT Requirement (if not Prime):</b>	<b>Email Address:</b>
<b>OJT Representative:</b>	<b>Phone Number:</b>

PROPOSED TRAINING PROGRAM			
Job Classification			Number of Trainees
<input type="checkbox"/> Carpenter / Piledriverman <input type="checkbox"/> Millwright <input type="checkbox"/> Cement Mason / Concrete Finisher  Electrician (Line Construction) <input type="checkbox"/> Equipment Operator <input type="checkbox"/> Groundman <input type="checkbox"/> Lineman <input type="checkbox"/> Electrician	<input type="checkbox"/> Ironworker <input type="checkbox"/> Laborer 2 <input type="checkbox"/> Laborer 3 <input type="checkbox"/> Laborer 4 <input type="checkbox"/> Painter  <input type="checkbox"/> Foreman* <input type="checkbox"/> Safety Supervisor* <input type="checkbox"/> Other*	<input type="checkbox"/> Power Equipment Operator 1* <input type="checkbox"/> Power Equipment Operator 2* <input type="checkbox"/> Power Equipment Operator 3* <input type="checkbox"/> Power Equipment Operator 4* <input type="checkbox"/> Power Equipment Operator 5* <input type="checkbox"/> Power Equipment Operator 6* <input type="checkbox"/> Power Equipment Operator 7* <input type="checkbox"/> Truck Driver 2*	
			Approximate Start Date
			Approximate End Date
<input type="checkbox"/> Hybrid Training Program* <input type="checkbox"/> State/Federal Registered Apprentice or Union Apprentice *Specify equipment / truck type, hybrid or Other program:			

PROPOSED TRAINING HOURS – Must total 500	
<b>Orientation:</b>	
<b>Safety:</b>	
<b>Care &amp; Maintenance:</b>	
<b>Observed Operation/Work:</b>	
<b>Independent Operation/Work:</b>	
<b>Total Hours:</b>	

PROPOSED WAGE PROGRESSION		
Hours	Base Wage	Fringe
1 – 250:		
251 – 375:		
376 – 500:		

CONTRACTOR ACKNOWLEDGEMENT STATEMENT	
I have read, understand and will comply fully with the OJT requirements as outlined in the <a href="#">OJT Program Manual</a> . <input type="checkbox"/> Indicate if you need assistance with recruitment.	
<b>Contractor Signature</b> (Ink or Electronic stamp)	<b>Date:</b>

MDT USE ONLY – If PDF, EPM should use electronic reviewed stamp.		DISSEMINATION: Contractor, EPM	
Engineering Project Manager	Recommend: <input type="checkbox"/> Yes <input type="checkbox"/> No	OJT Program Manager	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove <input type="checkbox"/> Training Program set up
If disapproved, provide explanation:  <p style="text-align: center;"><i>Disapproved training hours will not count, be credited, or reimbursed.</i></p>			