



MDT-CIV-040

01/26

Previous versions obsolete

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	
Contract ID:	Fed/State Project Number:
Project Description:	Training Goals Assigned:
Prime Contractor:	Engineering Project Manager:

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

PROPOSED TRAINING PROGRAM		
Job Classification		Number of Trainees
<input type="checkbox"/> Carpenter / Piledriverman <input type="checkbox"/> Millwright <input type="checkbox"/> Cement Mason / Concrete Finisher <input type="checkbox"/> 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*
<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		
Orientation:		
Safety:		
Care & Maintenance:		
Observed Operation/Work:		
Independent Operation/Work:		
Total Hours:		

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 OJT Program Manual .	
<input type="checkbox"/> Indicate if you need assistance with recruitment.	
Contractor Signature (Ink or Electronic stamp)	Date:

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:		
<i>Disapproved training hours will not count, be credited, or reimbursed.</i>		