

Office of Civil Rights On-the-Job Training Change Request

OJT Program Manager:
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Instructions: Submit to the EPM. EPM submits to the OJT Program manager. The requested changes must be approved before they are implemented. If approved, the trainee must be provided a copy of the revised training program.

| 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: |

| <input type="checkbox"/> MOVE TRAINEE TO ANOTHER PROJECT – If approved, this may require a Change Order. | |
|---|---|
| Contract ID: | Fed/State Project Number: |
| Project Description: | Training Goals Assigned: |
| Does this project currently have OJT goal(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No | Engineering Project Manager (if different): |
| Reason: | |

| <input type="checkbox"/> CHANGE TRAINING PROGRAM – Refer to training program list on Training Program Request form (MDT-CIV-040). | |
|---|----------------------------|
| Current Training Program: | Proposed Training Program: |
| Reason: | |

| <input type="checkbox"/> INCREASE TRAINING GOAL/HOURS – If approved, this may require a Change Order. | | | |
|---|--|--|-----------|
| PROPOSED TRAINING HOURS Must be in 500-hour increments | | PROPOSED WAGE PROGRESSION Indicate if this change would adjust the hours &/or wage progression. | |
| Orientation: | | Hours | Base Wage |
| Safety: | | 1 – 250: | Fringe |
| Care & Maintenance: | | 251 – 375: | |
| Observed Operation/Work: | | 376 – 500: | |
| Independent Operation/Work: | | | |
| Total Hours: | | | |
| Reason: | | | |

| CONTRACTOR ACKNOWLEDGEMENT STATEMENT | |
|---|-------|
| <i>I have read, understand and will comply fully with the OJT requirements as outlined in the OJT Program Manual.</i> | |
| Contractor Signature (Ink or Electronic stamp) | Date: |

| MDT USE ONLY – If PDF, EPM should use electronic reviewed stamp. DISSEMINATION: OCR sends to Contractor, EPM, Shane Pegram | |
|---|--|
| 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 has been updated | |
| If disapproved, provide explanation: | |
| <i>Disapproved training hours will not count, be credited, or reimbursed.</i> | |