

ON-THE-JOB TRAINING (OJT) PROGRAM CONTRACTOR YEARLY TRAINING PLAN

INSTRUCTIONS: Refer to the OJT Program Instructions for MDOT Form 0181 to complete this form.

CONTRACTOR INFORMATION

CONTRACTOR NAME	ADDRESS	
CONTRACTOR OJT CONTACT	E-MAIL ADDRESS	TELEPHONE NO.
CONTRACTOR EQUAL EMPLOYMENT OPPORTUNITY (EEO) OFFICER	CONTRACTOR VENDOR NO.	TOTAL TRAINING ASSIGNMENTS Year _____ # of Slots _____

TRAINEE INFORMATION

	TRAINEE NAME	SOCIAL SECURITY NO. (last 4 numbers)	TRAINEE HIRE DATE	TRAINING PROGRAM	TRAINING PROGRAM START DATE	GENDER	ETHNICITY
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

CONTRACTOR OJT CONTACT OR EEO OFFICER SIGNATURE (*e-signature acceptable*)

DATE

TRAINEE INFORMATION (continued)

	TRAINEE NAME	SOCIAL SECURITY NO. (last 4 numbers)	TRAINEE HIRE DATE	TRAINING PROGRAM	TRAINING PROGRAM START DATE	GENDER	ETHNICITY
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							

ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED

CONTRACTOR OJT CONTACT OR EEO OFFICER SIGNATURE (e-signature acceptable)

DATE

On the Job Training (OJT) Program Instructions for MDOT Form 0181

This form is completed by an OJT Program Contractor and lists all individuals (new or returning trainees) their firm proposes to place as a trainee to fulfill their required OJT Program training assignment(s) for the year. This form requires information from the Contractor's yearly Allocation Letter and therefore cannot be completed until the Contractor has received their Allocation Letter from MDOT identifying their OJT Program training assignment(s) for the year.

OR

This form is completed by a MDOT Prequalified Contractor who does not currently have OJT Program training assignment(s), but desires to participate by accepting and fulfilling a minimum of one OJT Program training assignment, and is subject to the requirements of MDOT's OJT Program.

MDOT's OJT Program Manual and materials are available at www.Michigan.gov/OJT.

CONTRACTOR INFORMATION Section

Contractor Name

The name of your construction firm.

Address

The business mailing address where your firm's OJT Contact receives mail.

Contractor OJT Contact

The name of the person within your firm responsible for OJT Program reporting and compliance. This person will be the primary contact for all OJT Program related items, including trainee approvals, Allocation Letter, etc.

E-mail Address

The current valid email address of your firm's OJT Contact where they can be reached for questions regarding the OJT Program.

Telephone No.

The current valid phone number of your firm's OJT Contact where they can be reached for questions regarding the OJT Program.

Contractor Equal Employment Opportunity (EEO) Officer

The name of your firm's Equal Employment Opportunity Officer.

Contractor Vendor No.

Your firm's MDOT Vendor Number.

Total Training Assignments Year

The calendar year this training plan is being submitted for.

Total Training Assignments # of Slots

The number of training slots assigned to your firm for the calendar year listed. Reference the Allocation Letter your firm received from MDOT. If you are uncertain of the number of training slots assigned to your firm, contact MDOT OBD.

TRAINEE INFORMATION Section

List all individuals (new or returning trainees) your firm proposes to place as trainee(s) to fulfill your firm's required OJT Program training assignment(s) for the year.

Trainee Name

The legal first and last name of the individual.

Social Security No. (last 4 numbers)

The last four numbers of the individual's social security number.

Trainee Hire Date

The first day the individual started working as an employee for your firm.

Training Program

The training program in which the individual is or will be enrolled in.

Training Program Start Date

The first day the individual started working towards completion of the identified training program classification listed on the form.

Gender

The gender of the individual.

Ethnicity

The ethnicity of the individual.

Contractor OJT Contact or EEO Officer Signature, Date

Your firm's OJT Contact or EEO Officer reviews the form for accuracy and completeness. Sign and date.

FORM SUBMISSION

Submission of this form does not grant OJT Program approval for the listed individual(s). An individual should not be placed on a project prior to approval as an On-the-Job Trainee (using MDOT Form 0190).

Completed forms should include a Request for Trainee Approval (MDOT Form 0190) for each new individual and any previously approved trainee starting a different training program. A copy of each individual's training program should be attached to their MDOT Form 0190.

Submit completed forms and attachments no later than **April 30th** of each calendar year to:

MAIL: Michigan Department of Transportation
Office of Business Development
PO Box 30050
Lansing, Michigan 48909

E-MAIL: MDOT-OJT@Michigan.gov