



# CONTRACTOR'S ON-THE-JOB TRAINING PROGRAM CLASSIFICATIONS FOR PENNDOT APPROVAL

**Prime Contractor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**ECMS No.:** \_\_\_\_\_

**SR (Section):** \_\_\_\_\_

**Federal Project No:** \_\_\_\_\_

**100% STATE FUNDED PROJECT**

**County:** \_\_\_\_\_

**PA Engineering District:** \_\_\_\_\_

Special Provision Item 1999-9999 – project specific details requires the number of trainee(s) to be trained on this project as: \_\_\_\_\_ trainee(s)

We will utilize the following Training Program(s):

Number of Trainees	Classification	Program Number	Hours of Training *	Approximate Start Date	Rate of Pay *	Subcontractor Providing Training (if not the Prime)

\*Apprentice Training Programs are 1,000 hours and compensation will be in accordance with their particular Union Agreement.

OJT(s) and/or Apprentices will begin training on the project as soon as feasible after the start of work utilizing the skill involved and remain on the project until they have completed the training program or as long as training opportunities exist in their work classification. We will ensure that each trainee is provided a Certificate of Completion, indicating the type and length of training satisfactorily completed. An original “sample” certificate is attached. We will maintain accurate training records and submit Trainee Enrollment Form(s) (EO-364) and Monthly Training Report(s) (EO-365), in accordance with their instructions. (SAMPLE CERTIFICATE ATTACHED)

**INITIAL SUBMISSION Date:** \_\_\_\_\_

**REVISED SUBMISSION Date:** \_\_\_\_\_

\_\_\_\_\_  
**Name and Title of Company Representative (PRINTED):**

\_\_\_\_\_  
**Company Representative Signature and Date**

**PennDOT USE ONLY**

**APPROVED**     **DISAPPROVED**

\_\_\_\_\_  
**Bureau of Equal Opportunity Signature and Date**