**OJT TRAINEE ENROLLMENT**

**Project Name:**       **Project Number:**       **Site Telephone #:**

**Contractor:**       **Name of EEO Officer**:

**Trainee Name:**       **Trainee Telephone #:**

**Trainee Address:**       **Trainee Email**      

**Ethnic Group Designation:**

**Sex:**  Male  Female **Veteran:**  Yes  No **Trainee Age**      

**Hiring Category:**  New Hire  Rehire\*  Upgrade\*\*

\*If Re-Hire, provide justification for enrollment:

\*\*If Upgrade, complete and attach OJTForm 4

**OJT TRAINING PLAN**

**Training Classification:**

**If “Other Classification” selected, please specify:**

**# Required Training Hours:**

**Name of Trainer:**       **Position of Trainer:**

**Training Start Date:** *Click or tap to enter a date.*

**Original Hire Date:** *Click or tap to enter a date.*

**TRAINING REQUESTS/COMMENTS**

*Please describe below any requests or concerns you have regarding the Training Program as described in the OJT Program Manual for the selected Trainee Classification. Submit a copy of training program to be used if other than a NHDOT OJT Program Classification.*

**Training Program Request:**

**TRAINING PAY INCREMENTS**

|  |  |  |
| --- | --- | --- |
| Full Journey worker Rate: | $      /HR | |
| 1st and 2nd Quarter Rate: | $      /HR | (must be at least 60% of journey worker rate) |
| 3rd Quarter Rate: | $      /HR | (must be at least 75% of journey worker rate) |
| 4th Quarter Rate: | $      /HR | (must be at least 90% of journey worker rate) |

**ENROLLMENT ACKNOWLEDGEMENT**

The undersigned have personally reviewed the content of this document and attests that a copy of the selected training classification and program manual to which it applies have been issued to the trainee. The undersigned further certify that the trainee has not been employed as a journey worker in the classification for which he/she will receive training:

**Signature of Trainee:**       **Date:** *Click or tap to enter a date.*

**Signature of EEO Officer:**       **Date:** *Click or tap to enter a date.*

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**FOR NH DEPARTMENT OF TRANSPORTATION USE ONLY**

**APPROVAL OF TRAINING PROGRAM**

**Approval  Disapproval**

**Signature of Contract Administrator**:       **Date:** *Click or tap to enter a date.*

**Signature of External EEO Coordinator:**       **Date:** *Click or tap to enter a date.*