## **CONTRACTOR'S OJT TRAINEE ENROLLMENT FORM**

Rev. 02/21

State Project Number:	Parish:	Date:
Contractor:	Addres	ss:
Contractor's Representative Name:	-	Phone No.:
Representative's Email:		
Employee Interview	TRAINEE PAYROLI	L ID NO.:
		ST Match on Payroll):
Employee/Trainee Name:		
Address:		Phone No.:
Date of Birth:	Sex/Gender:	
Ethnic Group Designation: Asian & Pa	acific Islander:	American Indian/Alaskan Native:
		White/Other:
Employee Status: New Hire:	Ungrade:	
Position Held Currently:	_ 0   5   1   1   1   1   1   1   1   1   1	Current Hourly Wage:
Previous OIT Training: Yes	No	Current Hourly Wage:
Previous OJT Training Classification:		
Graduate: Yes / Date:		No
Employer during training:		
Person to Conduct Training:		Job Title:
New Job Classification of Trainee:	Tr	aining Hours needed:
OJT Job Classification DOT No:		Contractor Training Code:
Which type of training: On-the-Job	Unio	on Apprenticeship
Training Program to be used:		
Projected Start Date of Training (must	be payroll period AF	<mark>FER approval date</mark> ):
Trainee received a copy of the OJT Pro Describe the OJT training duties:		No
Ple	ase attach classification descri	ntion to this page
*Attach a copy of the ap	propriate OJT Construc	tion Classification page available at
http://wwwsp.dotd.la.gov/Inside_LaDOTD/		n/Compliance/OJT%20Documents/OJT%20Constru
**********	tion%20Classificatio	<u>ns.pdf</u> * ***********************************
	For Compliance Progr	
Date Approved:	_	
Approved By (Name/Job Title):		
Approved OJT Job Class/Labor Class Code	e ( <u>Must Match On Payroll</u> ): _	
Date Denied: Reason for do	enial:	

 $<sup>{\</sup>color{blue}**} \quad \textbf{Remit completed form with attached classification description to DOTDOJTProgram@lagov} ~**$