MISSISSIPPI DEPARTMENT OF TRANSPORTATION
ALTERNATE ON-THE-JOB TRAINING PROGRAM
TRAINEE SCHEDULE FORM

PLEASE PRINT OR TYPE

Project No. N/A Federal Aid No. N/A

County STATE WIDE No. Of Trainee(s) Assigned _____

Contractor _____ Telephone ( ) _____

Address _____

City _____ State _____ Zip _____

APPROVED TRAINING PROGRAM TO BE USED:

☐ Company Program ☐ MSDOT Program ☐ Other (Please Explain)

_____

Contract Calendar Year 2006

NUMBER OF TRAINEES	CLASSIFICATION	ESTIMATED STARTING DATE (M/Y)	REQUIRED HOURS

Contractor Representative Signature: _____

Title: _____ Date: _____

Approved By OJT Coordinator _____ Date: _____

MAIL ORIGINAL AND MAINTAIN COPY
Office of Civil Rights
Mississippi Department of Transportation
On-The-Job Training Coordinator
P.O. Box 1850
Jackson, Mississippi 39215-1850