

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

*PLEASE PRINT OR TYPE*

Project No. \_\_\_\_\_ Federal Aid No. \_\_\_\_\_

County \_\_\_\_\_ 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 \_\_\_\_\_

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

Contractor Representative Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By OJT Coordinator \_\_\_\_\_ Date: \_\_\_\_\_

*Distribution List*

1. Contractor provide copy to Project Engineer no later than 60 days after notice to proceed.
2. Project Engineer keep copy and forward original to Office of Civil Rights (62-03) with 10 days of receipt from contractor.