On-the-Job Training – Initial Training Schedule

(To be submitted directly to the RoadWise OJT Program Coordinator)

SC File No. _____ **Prime** _____

Fed. Aid Proj. No. _____ **Address** _____

Date _____

Contractor	Rd/Br/ Slot	Classification	Req. Hrs.	Month and Year Began Training

(If additional space is needed, please extend the table above.)

If subcontractors are used for some/all of the training, attach a separate sheet of paper with the name of the OJT contact person, contractor name, address, and phone number for the subcontractor(s).

Submitted by:

Name _____

Title _____

Signature _____

Date _____

Approved by RoadWise OJT officer:

Name _____

Title _____

Signature _____

Date _____