

ON-THE-JOB TRAINING (OJT) PROGRAM CONTRACTOR YEARLY TRAINING PLAN

INSTRUCTIONS: Submit this completed form by April 30th annually to: *Michigan Department of Transportation, Office of Business Development, P.O. Box 30050, Lansing, MI 48909 or Email to: MDOT-OJT@michigan.gov.*

CONTRACTOR NAME	ADDRESS	CITY	STATE	ZIP CODE
CONTRACTOR OJT CONTACT	EMAIL ADDRESS	TELEPHONE NO.		
CONTRACTOR EQUAL EMPLOYMENT OPPORTUNITY (EEO) OFFICER	CONTRACTOR VENDOR NUMBER	TOTAL TRAINEE ALLOCATIONS FOR Year _____ # of Slots _____		

TRAINEE INFORMATION

	TRAINEE NAME	SOCIAL SECURITY NO. (last 4 numbers)	TRAINEE HIRE DATE	TRAINING PROGRAM	TRAINING PROGRAM START DATE	YEAR OF PROGRAM	GENDER	ETHNICITY
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED

CONTRACTOR OJT CONTACT OR EEO OFFICER SIGNATURE (e-signature acceptable)	DATE
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