

. Section 5.8

ON-THE-JOB TRAINING FORMS & DOCUMENTS

This is an alphabetical list of forms referenced in this chapter. Following this page, in numerical order are the forms.

Note that there are two forms sections for the OJT Chapter:

- 5.8.1 OJT Program Documents and
- 5.8.2 OJT Monthly Time Reports for individual Training classifications

5.8.1 OJT Program Forms

NUMERICAL SEQUENCE

FDOT Form No.	Document Title	Workbook Section
275-020-08	Trainee Enrollment and Notice of Personnel Action	5.4
275-020-96	On-the-Job Training Schedule	5.3
275-021-01	Proficiency Record for On-the-Job Training	5.5
275-021-02	On-the-Job Training Trainee Interview	5.4
275-021-03	Banking Certificate of Training	5.7
275-021-12	Daily-Weekly Training Report for On the Job Trainees	5.6
275-021-14	Project Request for New OJT Classification	5.1

ALPHABETICAL SEQUENCE

Document Title	FDOT Form No.	Workbook Section
Banking Certificate of Training	275-021-03	5.7
Daily-Weekly Training Report for On the Job Trainees	275-021-12	5.6
On-the-Job Training Schedule	275-020-96	5.3
On-the-Job Training Trainee Interview	275-021-02	5.4
Proficiency Record for On-the-Job Training	275-021-01	5.5
Project Request for New OJT Classification	275-021-14	5.1
Trainee Enrollment and Notice of Personnel Action	275-020-08	5.4

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

TRAINEE ENROLLMENT & NOTICE OF PERSONNEL ACTION**SECTION 1: PROJECT IDENTIFICATION**

1. Financial Project No.	2. F.A.P. No.	3. Contract No.	4. County	5. District
6. Contractor Name		7. FEID No.		

SECTION 2: ENROLLMENT & TRAINEE IDENTIFICATION

8. Proposed Training Classification:		9. Trainee's Name (first/ middle initial /last)		
10. Four Digit Employee identifier	11. Trainee's Race <input type="checkbox"/> Black (Not of Hispanic Origin) <input type="checkbox"/> White(Not of Hispanic Origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Nat Hawaiian/PI <input type="checkbox"/> Am. Indian/AI Native <input type="checkbox"/> 2 or more races		12. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	13. Date of Birth
14. Trainee's Mailing Address	15. Instructor's Name & Classification	16. Income Data-Complete only if Non Minority Male enrollment Annual family income Trainees annual income No. of dependents		
17. List previous classifications for which training was received and list classifications worked in				18. Enrollment Date Requested
19. Trainee's Signature		20. Contractor's Signature & Date		Date

SECTION 3: ENROLLMENT APPROVAL

21. Acceptable Trainee Interview? <input type="checkbox"/> Yes <input type="checkbox"/> No	22. Enrollment Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	23. District Contract Compliance Manager (DCCM) Signature & Date	Date
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SECTION 4: GRADUATION REQUEST

24. Date of Successful observation	25. Proficiency Demonstrated at Milestone <input type="checkbox"/> 100-240 Hrs <input type="checkbox"/> 451-650 Hrs <input type="checkbox"/> 241-450 Hrs <input type="checkbox"/> Completion of all	26. Total Accumulated Training Hours	27. Contractor's Signature	Date
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SECTION 5: GRADUATION APPROVAL

28. Graduation Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	29. District Contract Compliance Manager (DCCM) Signature & Date	Date
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SECTION 6: CONTRACTOR'S REQUEST TO AWARD BANKING CERTIFICATE

30. Contractor's Signature & Date	Date
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SECTION 7: BANKING APPROVAL

31 Banking Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	32. District Contract Compliance Manager (DCCM) Signature & Date	Date
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SECTION 8: TRAINEE TRANSFER REQUEST

33. Financial Project No. Transferred to	34. F.A.P no.	35. District	36. Hrs prior to Transfer	37 Effective Date
38 Contractor's Signature & Date				Date

SECTION 9: TRANSFER APPROVAL

39 Sending DCCM Signature & Date	Date	40. Receiving DCCM Signature & Date	Date
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SECTION 10: NOTICE OF TERMINATION PRIOR TO GRADUATION

41.Type of Termination	42 Reason for Termination	43. Effective Date	44. Hrs Accum. At Term.
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ON THE JOB TRAINING SCHEDULE

Equal Opportunity

SECTION 1: PROJECT IDENTIFICATION						
1. Financial Project No.:	2. F.A.P. No.:	3. Contract No.	4. County:	5. District	6. Contractor Name	7. FEID No.
8. Name of Training Program	9. Revision No. ((Use 0 for Original))	10. Total No. Trainees Required	11. Total Banking Certificates used to fulfill No. of Trainees Required		12. Original No. Contract Days	13. Estimated Mo/Yr of Project Completion
<input type="checkbox"/> FDOT/ FTBA <input type="checkbox"/> Other: specify below						

SECTION 2: Schedule of Training by Classification		2	4	6	8	10	12	14	16	18	20	22	24	26	28	30	32	34	36
Training Classification		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	M/D/Y																		
	M/D/Y																		
	M/D/Y																		
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	M/D/Y																		

SECTION 3: SIGNATURES				
14. SUBMITTED BY: CONTRACTOR'S SIGNATURE		15. CONCURRENCE OF PROJECT ADMINISTRATOR		16. CONCURRENCE/APPROVAL OF DIST. CONTRACT COMPLIANCE MGR
	DATE		DATE	DATE

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
PROFICIENCY RECORD FOR ON-THE-JOB TRAINING

SECTION 1: PROJECT IDENTIFICATION				
1. Financial Project No.	2. F.A.P. No.	3. Contract No.	4. County	5. District
6. Contractor Name		7. FEID No.		

SECTION 2: PROFICIENCY STANDARDS	
8. On the Job Training Classification Title:	
9. Established Proficiency Standards (label as 9A, 9B, 9C, 9D, 9E)	

SECTION 3: CONCURRENCE WITH PROFICIENCY STANDARDS			
10. Contractor's Signature	Date	11. Project Administrator's Signature	Date
12. DCCM's Signature		Date	

SECTION 4: TRAINEE IDENTIFICATION	
13. Trainee's Name	14. Location Requested For Observation

SECTION 5 & 6: PROFICIENCY OBSERVATION REQUEST & OBSERVATION RESULTS					
S E C T I O N 5	R E Q U E S T	15. OBSERVATION #1	16. OBSERVATION #2	17. OBSERVATION #3	18. OBSERVATION #4
		Trainee has completed at least Minimum Hours of training for the classification.	Trainee has completed at least the minimum hours of training for the classification.	The Trainee has completed the maximum hours of training for the classification.	The Trainee has completed the maximum hours of training for the classification.
		Date for Observation	Date for Observation	Date for Observation	Date for Observation
		Contractor Signature & Date	Contractor Signature & Date	Contractor Signature & Date	Contractor Signature & Date
S E C T I O N 6	R E S U L T S	19. RESULTS OBSERV #1	20. RESULTS OBSERV #2	21. RESULTS OBSERV #3	22. RESULTS OBSERV #4
		DATE	DATE	DATE	DATE
		Proficiency Demonstrated?	Proficiency Demonstrated?	Proficiency Demonstrated?	Proficiency Demonstrated?
		9A. <input type="checkbox"/> Yes <input type="checkbox"/> No	9A. <input type="checkbox"/> Yes <input type="checkbox"/> No	9A. <input type="checkbox"/> Yes <input type="checkbox"/> No	9A. <input type="checkbox"/> Yes <input type="checkbox"/> No
		9B. <input type="checkbox"/> Yes <input type="checkbox"/> No	9B. <input type="checkbox"/> Yes <input type="checkbox"/> No	9B. <input type="checkbox"/> Yes <input type="checkbox"/> No	9B. <input type="checkbox"/> Yes <input type="checkbox"/> No
		9C. <input type="checkbox"/> Yes <input type="checkbox"/> No	9C. <input type="checkbox"/> Yes <input type="checkbox"/> No	9C. <input type="checkbox"/> Yes <input type="checkbox"/> No	9C. <input type="checkbox"/> Yes <input type="checkbox"/> No
		9D. <input type="checkbox"/> Yes <input type="checkbox"/> No	9D. <input type="checkbox"/> Yes <input type="checkbox"/> No	9D. <input type="checkbox"/> Yes <input type="checkbox"/> No	9D. <input type="checkbox"/> Yes <input type="checkbox"/> No
		9E. <input type="checkbox"/> Yes <input type="checkbox"/> No	9E. <input type="checkbox"/> Yes <input type="checkbox"/> No	9E. <input type="checkbox"/> Yes <input type="checkbox"/> No	9E. <input type="checkbox"/> Yes <input type="checkbox"/> No
		Observer Signature	Observer Signature	Observer Signature	Observer Signature
Contractor Signature	Contractor Signature	Contractor Signature	Contractor Signature		
Trainee's Signature	Trainee's Signature	Trainee's Signature	Trainee's Signature		

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

ON-THE JOB TRAINING: TRAINEE INTERVIEW

SECTION 1: PROJECT IDENTIFICATION

1. Financial Project No.	2. F.A.P. No.	3. Contract No.	4. County	5. District
6. Contractor Name		7. FEID No.		

SECTION 2: TRAINEE IDENTIFICATION

8. Proposed Training Classification:	9. Trainee's Name (first/ middle initial /last)	
10. Four digit employee Identifier	11. Trainee's Race <input type="checkbox"/> Black (Not of Hispanic Origin) <input type="checkbox"/> White(Not of Hispanic Origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> Am. Indian/Nat Al <input type="checkbox"/> Asian <input type="checkbox"/> Nat HI/PI <input type="checkbox"/> 2 or more races	12. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

SECTION 3:INTERVIEW TO DETERMINE PRIOR WORK EXPERIENCE IN PROPOSED CLASSIFICATION AND/OR PRIOR TRAINING IN PROPOSED CLASSIFICATION

13. What company do you work for?	<input type="checkbox"/> Same as #6 above <input type="checkbox"/> Other (specify)	
14. When did you begin working for this company? What Job Class (Title) did you start in?	Yr. Hired	Job Class (title) at hire
15. Have you worked for other construction Companies? Which companies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, company names
16. What kind of work have you done for the past two years for this Co. & or others?	Recent Jobs (title)	
17. Has this or any company ever enrolled you in the FDOT Training program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what company & what training class (title)?
18. Do you know that your Company wants to enroll you in a training program for "___" (see #8 above)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who told you and when?
19. Have you done that type of work before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for how long, when & for what Company?
20. Have you been trained for that type of work before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when, for how long & for what Company?

SECTION 4: PROFICIENCY ASSESSMENT FOR PROPOSED CLASSIFICATION

Refer to Question # 9 on Form 275-021-01 "Proficiency Record for OJT" for this classification on this project

Interviewer Read from Form:	Able to / Have you / Can you	Comments of Enrollee
Proficiency 9a	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Proficiency 9b	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Proficiency 9c	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Proficiency 9d	<input type="checkbox"/> not listed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Proficiency 9e	<input type="checkbox"/> not listed <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 5: HAS TRAINEE RECEIVED OJT PROGRAM INFORMATION? NOTE: RCS: inform contractor if data is needed

21. Have you received a 'Monthly Time Report' listing training topics and hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No *
22. Have you received information on the total training hours and skills (proficiencies) you will need to achieve for graduation?	<input type="checkbox"/> Yes <input type="checkbox"/> No *
23. Have you received a Trainee Identification card OR been advised that you will receive one?	<input type="checkbox"/> Yes <input type="checkbox"/> No *

SECTION 6: SIGNATURES & COMMENTS

24. Interview Date	25. Interviewer's Signature	26 Trainee's Signature
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27. Comments of Interviewer &/or RCS (optional)

Serial No.: D _____

State of Florida Department of Transportation
Banking Certificate of Training

This is to certify that _____
Contractor's Company Name

has exceeded the prescribed on-the-job training requirements for

Financial Project Number _____
Federal Aid Project Number _____
Contract Number _____
County _____

This Program is Approved By
Florida Department of Transportation
And
Federal Highway Administration

District Contract Compliance Manager

Date _____

Date Credit Awarded _____
EORS Data Entry

Banked Credit Expiration Date _____

Credit Earned by _____
Trainee Name

Credit Earned for _____
Training Classification

**STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
 DAILY-WEEKLY REPORT
 FOR ON-THE-JOB TRAINEES**

Financial Project Number:	Federal Aid Number:
Name of Contractor:	Name of Trainee:
Classification of Trainee:	Week Ending:

DATE (00/00/00)	DESCRIPTION OF TRAINEES WORK WHEN OBSERVED	HOURS WORKED ON THE PROJECT	APPROVED TRAINING HOURS	HOURS SHOWN ON PAYROLL
<i>Monday:</i>	_____			
<i>Tuesday:</i>	_____			
<i>Wednesday:</i>	_____			
<i>Thursday:</i>	_____			
<i>Friday:</i>	_____			
<i>Saturday:</i>	_____			
<i>Sunday:</i>	_____			
	Total for Week			
	Previous Total			
	Total Hours Trained			

INSPECTOR'S SIGNATURE & TITLE

AUTHORIZED SIGNATURE OF PRIME CONTRACTOR

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
PROJECT REQUEST FOR NEW OJT CLASSIFICATION

1. Name of Prime & Co. who will do training	2. County	3. F.A.P. No	4. Financial Project No

5. Name of Proposed Training Classification	6. Is this classification listed on the contract's Wage Decision?
	<input type="checkbox"/> Yes-Rate on Wage Decision \$ _____ Decision No. FL _____
7. Mark the Job Classification Under which this Trainee will be Reported:	<input type="checkbox"/> No Attach copies of (a) Additional Classification form (700-010-07) submitted to the Prevailing Wage Rate Coordinator (b) the wage decision received.

<input type="checkbox"/> Equipment Operator	<input type="checkbox"/> Ironworker	<input type="checkbox"/> Electrician	8. Instructor's Name & Classification
<input type="checkbox"/> Mechanic	<input type="checkbox"/> Carpenter	<input type="checkbox"/> Pipe fitter, Plumber	
<input type="checkbox"/> Truck Driver	<input type="checkbox"/> Cement Mason	<input type="checkbox"/> Painter	
		<input type="checkbox"/> Semi Skilled Laborer	

9. State the Proficiency Standards to be applied if use of this Classification is approved for the project (label as 9a, 9b, 9c etc)

10. REQUEST	Prime Contractor's Signature	Project Administrator's Signature	Dist. Contract Compl Mgr Sign
	Date	Date	Date

11. REVIEW	Reviewer Signature(s)	Date	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
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12. Breakdown of Training	13. Training Hours		14. Mo ____ Year 2 ____					15. Total This Mo.	16. Previous Time	17. To Date Time
	Min.	Max.	1 st Wk	2 nd Wk	3 rd Wk	4 th Wk	5 th Wk			
I.										
A.										
B.										
C.										
D.										
II.										
A.										
B.										
C.										
D.										
E.										
III.										
A.										
B.										
C.										

18. Total Hours									
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If Use of this Classification is Approved complete 19-22 (below) and 14-17 (above) for each Monthly Time Report Submission

19. Name of Trainee	20. Social Security No	21. Pay Rate	22. Trainee Performance <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD

23. FDOT Checked Against Payroll	Date:	Initials: