



APPRENTICE/TRAINEE APPROVAL REQUEST (ATAR)

See instructions on pages 2-3

This electronic form shall be completed and submitted for each apprentice or trainee for whom the Prime Contractor (PC) is requesting payment toward the training bid item. The form shall be submitted to the Project Manager (PM) prior to the apprentice or trainee beginning work on the project. Hours worked prior to submitting this form may be disallowed under the training bid item.

Submittals in any other format are not acceptable.

Do not add extra spaces or zeroes to any field with the exception of Box 2. Box 2 must be a minimum of two characters, such as 00 for the prime and 01, 02C, 03, etc.

Contractor and Contract Information

1. CONTRACTOR NAME	2. SUBCONTRACT ID	3. CONTROLLING CONTRACTOR	4. AGENCY CONTRACT NO. / PROJECT NAME	5. REPORT FOR YEAR / MONTH	6. NEW / REVISED	7. REV. NO.
8. APPRENTICE LAST NAME			9. FIRST NAME	10. M.I.	11. LAST 4 DIGITS OF SSN XXX-XX-	12. BOLI REG. NO.
13. CRAFT						

Apprentice/Trainee Information

14. ADDRESS				15. CITY		16. STATE	17. ZIP
18. GENDER	19. ETHNICITY *		20. STATUS <input type="checkbox"/> New hire <input type="checkbox"/> Transfer		21. TYPE **		22. EST. HOURS
23. DATE							

* If Native American is selected, a tribal identification card may be requested.

** If "in-house" is selected: Good-faith-effort (GFE) documentation must be included if neither a minority nor a woman is proposed for training. Failure to provide GFE documentation could result in denial of this request. Attach documentation to the e-mail generated when you submit this request.

Termination Information (Complete this section when the apprentice or trainee is no longer working on this project and is not expected to return.)

24. TERMINATION DATE	25. TOTAL HOURS THIS PROJECT	26. REASON FOR TERMINATION <input type="checkbox"/> Graduated <input type="checkbox"/> Laid off <input type="checkbox"/> Transferred to project no. _____ <input type="checkbox"/> Other (explanation required if checked)				
----------------------	------------------------------	---	--	--	--	--

Certification and Submission

By entering my name in the signature block(s) below, I certify that the information contained in this report is true and accurate to the best of my knowledge, and that I am authorized to submit this report on behalf of this firm. I further agree that typing my name in the signature box and submitting this report using a password-protected e-mail account is the equivalent of a manual signature for the purposes of this form.

28. NAME OF PERSON SUBMITTING THIS REQUEST	29. TITLE OR POSITION	30. E-MAIL ADDRESS	31. PHONE	32. DATE
--	-----------------------	--------------------	-----------	----------

Prime Contractor

33. NAME OF PRIME CONTRACTOR REPRESENTATIVE	34. APPROVAL RECOMMENDED? <input type="checkbox"/> Yes <input type="checkbox"/> No	35. DATE	36. COMMENT
---	---	----------	-------------

Project Manager

39. NAME OF PROJECT MANAGER	40. APPROVAL RECOMMENDED? <input type="checkbox"/> Yes <input type="checkbox"/> No	41. DATE	42. COMMENT
-----------------------------	---	----------	-------------

OCR Field Coordinator

43. NAME OF OCR FIELD COORDINATOR	44. APPROVED? <input type="checkbox"/> Yes <input type="checkbox"/> No	45. DATE	46. COMMENT	47. APPROVED START DATE
-----------------------------------	---	----------	-------------	-------------------------



APPRENTICE/TRAINEE APPROVAL REQUEST (ATAR)

INSTRUCTIONS

This electronic form is to be completed and submitted for each apprentice or trainee for which the Prime Contractor is requesting payment toward the training bid item. The form shall be submitted to the Project Manager prior to the apprentice or trainee beginning work on the project. Hours worked prior to submitting this form may be disallowed under the training bid item. **Submittals in any other format are not acceptable.**

Boxes 1-11 Enter the information requested. Prime contractors leave Box 2 and Box 3 blank.

Box 12 Enter the BOLI registration number of this apprentice. If the apprentice is newly registered with BOLI, or if this is an in-house training program, leave blank. The BOLI Registration number may be obtained from the dispatching JATC.

Boxes 13-20 Enter the information requested.

Box 21 Use the drop-down to select the type of training for this employee.

a. "JATC" is for those registered with a BOLI approved Joint Apprenticeship and Training Committee (JATC).

b. "In-House" is for those registered with the contractor's ODOT and FHWA Approved Training Program such as Utility Trainee, Construction Assistant, Carpenter Trainee, etc.

Box 22 Enter the estimated number of training hours this apprentice/trainee will receive on this project.

Box 23 Select the date (using the date drop down) this apprentice/trainee is expected to begin work on this project. (Date format must be YYYY-MM-DD)

Termination Information

Complete this section when the apprentice/trainee is no longer working on this project and is not expected to return. (Remember to select "Revised" in Box 6 and Rev Number in Box 7.)

If "Other" is selected in box 26, enter explanation in box 27. This field will expand as you type. Click the tab key to see text in the expanded field.

Subcontractor (If Applicable)

Boxes 28-32 Enter the information requested for the firm/person submitting this request. Use the drop down for date selection. (Date format must be YYYY-MM-DD.)

Prime Contractor

Boxes 33-36 Enter the information requested for the Prime Contractor submitting this request. Use the drop down for date selection. (Date format must be YYYY-MM-DD.)

SUBMISSION INSTRUCTIONS

1. Save the report on your computer by clicking the "SAVE AS" button at the bottom of the report.
2. Select the "SUBMIT BY E-MAIL" button at the bottom of the form (if using an e-mail application on your computer such as Outlook).

– or –

3. Open a new e-mail message and attach the saved form (if using an internet e-mail such as Gmail, Hotmail or Yahoo).
4. Enter the following information on the subject line (if manually attaching form per step 3):
[Agency Contract Number] OJT ATAR [Subcontract ID] [Apprentice Last Name] [New or Revised] [Rev. No.]

(See Boxes 1 through 7.)

Examples: 14856 OJT ATAR 00 Bauman N

14792 OJT ATAR 07 Smith R1

Subcontractors send the e-mail with the attached form to your controlling contractor. The controlling contractor will send the form on up the line until it reaches the Prime Contractor. Prime Contractor sends to the Project manager. E-mail strings must remain intact for auditing purposes.

Submission instructions continued on next page...

...Submission instructions continued from previous page

Prime Contractor

For an apprentice/trainee working directly for your firm, follow the above instructions.

For subcontractor forms:

1. Open the e-mail and attachment.
2. Review the form for accuracy of data. If data is not accurate (wrong contract number, wrong Sub ID, etc.), forward the form back to the subcontractor for correction. Once you receive a correctly completed form, continue.
3. Complete Boxes 33-36. Use the drop down for date selection. (Date format must be YYYY-MM-DD.)
4. Click the SAVE button on the form to save your changes to the attached form.
5. Click the "Save As" button on the form to save a copy of the form for your records.
6. FORWARD the e-mail from the subcontractor with the attached form to the Project Manager. E-mail strings must remain intact.

Project Manager

1. Open the e-mail and attachment.
2. Review the form for accuracy of data. If data is not accurate (wrong contract number, wrong Sub ID, etc.), forward the form back to the Prime Contractor for correction. Once you receive a correctly completed form, continue.
3. Complete Boxes 39-42. Use the drop down for date selection. (Date format must be YYYY-MM-DD.)
4. Click the "Save As" button on the form to save your changes and a copy of the form for your records.
5. FORWARD the e-mail from the Prime and attach the form with boxes 39-42 complete and e-mail the OCR Field Coordinator. E-mail strings must remain intact.

OCR Field Coordinator

1. Open the e-mail and attachment.
2. Review the form for accuracy of data. If data is not accurate, return to the Project Manager for correction.
3. Upon approval, complete Boxes 43-47. Use the drop down for date selection. (Date format must be YYYY-MM-DD.)
4. Save the e-mail as a PDF (including attached form) and save per internal procedures.