



APPRENTICE/TRAINEE APPROVAL REQUEST

NOTE: Submit this form for each proposed apprentice or trainee prior to their start date. The Prime Contractor is also required to submit this form for approval for its subcontractor(s)' apprentices or trainees prior to their start date.

(1) PRIME CONTRACTOR	(2) CONTRACT NO.	(2a) BUNDLE NO.
(3) SUBCONTRACTOR (IF APPLICABLE)	(4) PROJECT MANAGER	

APPROVAL IS REQUESTED TO PROVIDE TRAINING FOR THE FOLLOWING APPRENTICE/TRAINEE

(5) NAME	(6) EMPLOYEE SOCIAL SECURITY NUMBER	(7) CRAFT
(8) ADDRESS, CITY, STATE, ZIP		(9) TELEPHONE NUMBER
(10) EMPLOYEE STATUS <input type="checkbox"/> NEW HIRE <input type="checkbox"/> TRANSFER	(11) ESTIMATED HOURS FOR THIS PROJECT	(12) EMPLOYEE START DATE
(13) TYPE OF TRAINING <input type="checkbox"/> APPRENTICESHIP <input type="checkbox"/> ON-THE-JOB TRAINING (IN-HOUSE)		
(14) ETHNIC GROUP Good Faith Effort (GFE) documentation MUST be provided if neither a Minority nor Female is proposed for training. Failure to provide GFE documentation could result in denial of this request.		
<input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE AMERICAN ¹ <input type="checkbox"/> HISPANIC <input type="checkbox"/> WHITE <small>¹ATTACH COPY OF TRIBAL IDENTIFICATION CARD</small>		(15) GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

TERMINATION DATA

(16) TERMINATION DATE	(17) TOTAL TRAINING HOURS ON THIS PROJECT	(18) HOURS TO COMPLETE FOR GRADUATION	
(19) REASON FOR TERMINATION <input type="checkbox"/> GRADUATED <input type="checkbox"/> LAY-OFF <input type="checkbox"/> TRANSFERRED TO PROJECT # _____ <input type="checkbox"/> OTHER (Explain)			
(20) PRIME CONTRACTOR SIGNATURE	(21) DATE	(22) SUB-CONTRACTOR SIGNATURE (IF APPLICABLE)	(23) DATE

FOR ODOT OFFICE OF CIVIL RIGHTS USE ONLY

REMARKS			
<input type="checkbox"/> APPROVED	SIGNATURE	DATE	TITLE
<input type="checkbox"/> DENIED			

INSTRUCTIONS FOR APPRENTICE/TRAINEE APPROVAL REQUEST

1. Name of Prime Contractor for this project
2. ODOT Contract Number ((2a) bundle number if applicable)
3. Name of Subcontractor providing training (If applicable)
4. Name of ODOT or Consultant Project Manager
5. Full name of apprentice/trainee (should be same as on social security card)
6. Social Security Number of apprentice/trainee
7. Craft – Acceptable crafts are Carpenter, Cement Mason, Electrician, Equipment Operator, Ironworker, and Laborer. In addition, exact name of adopted in-house training program may be listed here. **Craft listed here must match craft listed in column 8 of the approved Training Program form 731-0335 for this contractor.*
8. Address, City, State, and Zip of apprentice/trainee
9. Telephone number of apprentice/trainee
10. Employee Status – New Hire or Transfer (new hire is new to company, transfer is existing employee transferring to this project)
11. Estimated number of hours this trainee will receive on this project. **Hours listed here must match hours listed in column 10 of the approved Training Program form 731-0335 for this contractor and this craft.*
12. Date the apprentice/trainee will start work on this project
13. Type of Training
 - a. Apprenticeship (Attach copy of dispatch slip)
 - b. On-the-Job Training (In-House) – Attach copy of Training Program (i.e. Utility Trainee, Carpenter Trainee, etc.) signed and dated by both the trainee and a company representative
14. Ethnic Group – If Native American is checked, attach copy of tribal identification
15. Gender (self explanatory)

NOTE:

If proposed apprentice/trainee is neither minority nor female, attach Good Faith Effort (GFE) documentation showing compliance with the EEO section of FHWA 1273, REQUIRED CONTRACT PROVISIONS FEDERAL-AID CONSTRUCTION CONTRACTS included in your contract.

The US DOL has held that the failure of a JATC or Union to refer a minority or female does not relieve the contractor of the EEO obligation.

TERMINATION DATA - *Complete Numbers 16 - 19 upon apprentice/trainee termination.*

16. Termination date of apprentice/trainee from this project or from company
17. Total hours of training received on this project
18. Hours to completion or graduation (required if in-house training program in use)
19. Reason for termination (if “other” is checked, explain)

SIGNATURES/DATES

20. Signature of prime contractor
21. Date prime contractor signed the form
22. Signature of subcontractor (Required if subcontractor is providing training)
23. Date subcontractor signed the form