

ON-THE-JOB TRAINING PROGRAM

OFF-SITE TRAINING APPROVAL

PROJECT NAME/NUMBER: _____

RESIDENT ENGINEER: _____

<p>TRAINEE NAME: _____</p> <p>START DATE: _____</p> <p>TRAINING CLASSIFICATION: _____ TRAINEE HOURS: _____</p>

PROPOSED OFF-SITE TRAINING SCHEDULE:

APPROXIMATE DATE(S) OF OFF-SITE TRAINING	On Which PROJECT(S)?	RESIDENT ENGINEER	NOTES

COMMENTS:

APPROVED BY _____ DATE: _____
OJT PROGRAM MANAGER: _____