

OFF-SITE TRAINING APPROVAL

Project Name and Number:	
Contractor:	
Resident Engineer:	
Trainee Name:	
Project(s) where off-site training will occur: (list project name(s))	
Approximate timeline for off-site training:	
Reason for Request: (check one):	<input type="checkbox"/> The project crew will temporarily be working on a different project. <input type="checkbox"/> We'd like to offer training on a skill set that cannot be offered on the current project. <input type="checkbox"/> Other:

FOR VTRANS PERSONNEL TO COMPLETE		
Were the Resident Engineers on the temporary training sites contacted?	Yes	No
Temp Resident Engineer Name(s):		

APPROVAL SIGNATURES

RESIDENT ENGINEER NAME:
SIGNATURE:
DATE:

OJT PROGRAM MANAGER NAME:
SIGNATURE:
DATE: