

RECRUIT | TRAIN | RETAIN | GROW

ON-THE-JOB TRAINING

Developing a Skilled Diverse Workforce for North Carolina

On-the-Job
TRAINING

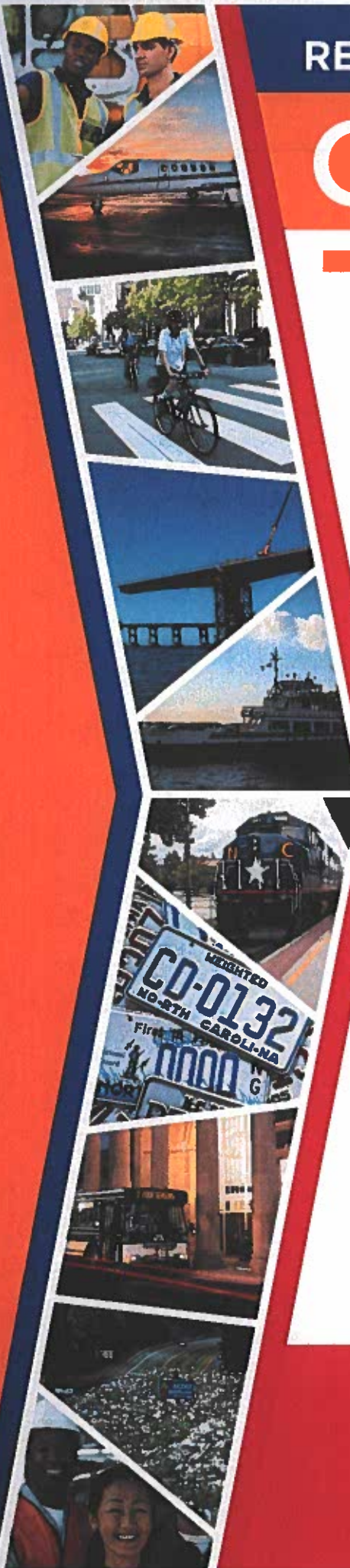


N.C. DEPARTMENT OF TRANSPORTATION
Office of Civil Rights

PROGRAM MANUAL



N.C. DEPARTMENT OF TRANSPORTATION
Office of Civil Rights



INTRODUCTION

The Federal Highway Administration (FHWA), as directed by the United States Code of Federal Regulations (CFR) Title 23, requires all state highway agencies to establish and utilize On-the-Job Training (OJT) on federally-funded highway construction projects. The primary reasons supporting the Federal requirements are to:

- Train and upgrade minorities, women and disadvantaged persons to journeyman level status in the highway construction industry;
- Establish a plentiful and well diverse pool of skilled workers for the highway construction industry; and
- Demonstrate that equal opportunity exists in the highway construction industry.

In the State of North Carolina, implementation and administration of the On-the-Job Training Program is the responsibility of the North Carolina Department of Transportation (NCDOT). The OJT Program works with the FHWA North Carolina Division Office to ensure guidance of policies, rules and regulations concerning the program's success.

This OJT Program Manual's primary objective is to inform and educate highway construction contractors about The NCDOT's OJT Program.

FEDERAL GUIDANCE

THE UNITED STATES CODE OF FEDERAL REGULATIONS, TITLE 23, PART 230.107(B) reads as follows:

(b) Federal-aid highway construction projects. It is the policy of the FHWA to require full utilization of all available training and skill-improvement opportunities to assure the increased participation of minority groups and disadvantaged persons and women in all phases of the highway construction industry.

To accomplish and fulfill this policy, the FHWA has established a Training Special Provision. Historically, the NCDOT has been responsible for determining which projects will include the Training Special; however, it is generally applied to all federal-aid projects over \$10,000.

The Federal Training Provision Special Provision generally includes such wording as:

- Training and upgrading of minorities, women, and disadvantaged person toward journeyman status is a primary objective of this Training Special Provision. Accordingly, the contractor shall make every effort to enroll minority trainees and women to the extent that such persons are available within a reasonable area of recruitment.
- This training commitment is not intended, and shall not be used, to discriminate against any applicant for training, whether a member of a minority group or not.
- The contractor shall provide on-the-job training aimed at developing full journeyman in the type of trade or job classification involved.
- The contractor may allow trainees to be trained by a subcontractor provided that the contractor retains primary responsibility for meeting the training requirements imposed by this special provision. The contractor shall also ensure that this training special provision is made applicable to such subcontractor. However, only the contractor will receive credit towards the annual goal for the trainee.
- Where feasible, 25 percent of or trainees in each occupation shall be in their first year of training.
- The number of trainees shall be distributed among the work classifications based on the contractor's needs and the availability of journeyman in the various classifications within a reasonable area of recruitment.
- The contractor shall submit to the STA for approval the number of trainees to be trained in each selected classification.

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- No employee shall be employed as a trainee in any classification in which they have successfully completed a training course leading to journeyman status or in which they have been employed as a journeyman.
- It is the intention of these provisions that training be conducted in the construction crafts or operators rather than clerk-typists or secretarial-type positions.
- Training is permissible in lower-level management positions such as office engineers, estimators, etc., where the training is oriented toward construction applications.
- It is normally expected that a trainee will begin training on the construction project as soon as possible after beginning work in the craft skill involved. The trainee will remain on the project as long as training opportunities exist in the craft skill or until the training program is completed.
- The contractor shall explain the OJT program goals and objectives to the trainee and furnish a copy of the training classification outline to be followed.
- The contractor will provide for the maintenance of records and furnish monthly reports documenting company compliance under this Training Special Provision to the On- the-Job Training (OJT) Program Manager or department representative. In addition, the contractor will submit all enrollee information on the NCDOT/OJT SharePoint system.
- Upon completion and graduation of the OJT program, the contractor shall provide each trainee a company certificate showing the classification and length of training satisfactorily completed.
- If a trainee quits or is terminated prior to completing at least **50%** of the program, the contractor will not be credited for that trainee. The contractor must replace the terminated trainee. The contractor will only receive credit for trainees that have completed at least **50%** of the scheduled training program.

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PROGRAM ADMINISTRATION IN NORTH CAROLINA

Alternate Program Defined

The North Carolina Department of Transportation administers a custom version of the Federal OJT Program, commonly referred to as the **Alternate OJT Program**. As of 2007, contractors performing work in North Carolina no longer have a choice between the "Traditional" Federal Program and the "Alternate" NCDOT Program. All contractors (existing and newcomers) are automatically placed in the Alternate Program.

The flexibility of the Alternate OJT Program allows a contractor to train employees on all types of projects. These projects can be Federal, State, and/or privately funded. However, **the projects must be located in North Carolina**, and the training must meet the requirements outlined in this "On-the-Job Training Program" Manual. Also, the priority must be given to training trainees on all NCDOT Federal-aid and State funded projects.

Assignment of Training Goals

At the beginning of each calendar year, all contractors will be contacted by the OJT Program Manager to determine the number of trainees for that calendar year. At that time, the contractors enter into an agreement with the Department to provide a self-imposed on-the-job training program throughout the year. This agreement includes a specific number of annual training slots. There are no set number of trainees that assigned to a contractor per year. As such, the historically standard OJT Special Provision requirements typically associated with an individual project are no longer applied at the project level. Instead, these requirements are applicable on an annual basis for each contractor. In all cases, the NCDOT's mission is to adhere to the primary objectives behind the Federal initiative.

If a contractor fails to attain their training assignments for the calendar year, they may be removed from the NCDOT's Bidders List or become ineligible to bid.

OVERALL MANAGEMENT OF THE OJT PROGRAM

Development of Statewide Training Goals

According to federal regulations, the overall statewide training goals are to be developed by the FHWA based on federal-aid apportioned amounts and minority populations. However, in actual practice, the FHWA requests that the states submit recommended calendar year goals for approval. The NCDOT has developed a method for determining yearly goals, which are based on the following standards:

Contractors' goals will be determined by:

1. Federally and state funded projects.
2. Three-year dollar amount average.
3. Types of projects.
4. One to Two trainee per every 3 million dollars contract amount is an approximation based on the formula used by the OJT Program Management.

Overview:

1. OJT Program Management monitors contracts in order to determine number of trainees which should be assigned to the contractor.
2. The OJT Program Management uses the Construction Progress report as a validation report.
3. The report totals the three years of contractor projects. Both state and federal dollars are used to calculate the average of the 3 years.
4. The OJT Program Management enters a baseline into the system to determine the number of trainees each contractor should have.

Assignment of Training Goals to Contractors

Once the OJT Program Management determine the number of trainees assigned to each contractor, they will receive a contractor agreement letter that they have to sign and return to the OJT unit for it execution. Contractors receive credit for training their workforce on any type of p r o j e c t , regardless of the funding source, as long as the trainee remains in the same job classification as originally enrolled. Trainees may be transferred between projects if required by the contractor's workload scheduling.

Approved Training Classifications and Associated Requirements

The NCDOT has established common training classifications and their respective training requirements, which shall be used by NCDOT contractors. The classifications established by NCDOT are not all-inclusive. Contractors may submit new classifications for specific job functions their employees are performing. The NCDOT reviews and recommends for acceptance to FHWA the new classifications proposed by contractors. Contractors shall notify the NCDOT regarding any changes to their approved classifications. New classifications must meet the following requirements:

- proposed training programs are reasonable and realistic based on the job skill classification needs, and
- the number of training hours specified in the training classification is consistent with common practices and provides enough time for the trainee to obtain journeyman level status.

Proficiency Standards

The NCDOT does not scrutinize individual worker proficiency as a measure for compliance with the OJT Program. The NCDOT and FHWA do advocate that the goal of the program is to generate effective highway construction trade workers and that it is in the contractor's interest to retain proficient workers.

Reimbursement for Training

The NCDOT no longer has a "trainee" pay item and does not reimburse for training.

Highway Trades Academies

In addition to the OJT program objectives, the NCDOT/OJT program is collaborating with community partners and other workforce stake holder to develop Construction Trades Academies around or near NCDOT highway work zones and Tier 1 counties. The OJT program will provide academies with support through federal funds, subject matter expertise, and guidance though the process. Our goal is to increase workforce readiness and create job opportunities in highway construction industry in North Carolina.

Companies are encouraged to recruit from the construction trades academies located throughout the state to help meet training goals and increase workforce development and diversity.

NCDOT & NC COMMUNITY COLLEGE COLLABORATIVE EFFORTS

Approved OJT Program Standards - The *North Carolina Apprenticeship Training Bureau (NCATB)* is the State Approving Agency for apprenticeship and veteran programs and On-the-Job Training Programs. On April 1, 2002, the NCDOT OJT Program submitted and received approval from the *NC Apprenticeship Training and Bureau for Approved Occupations of its OJT Program*. The NCATB is the accrediting State Agency for OJT Program Standards. The OJT Program is registered under program number 24011. Training provided by contractors under the NCDOT's OJT Program is approved by the NC Community Colleges Apprenticeship NC provided:

- the training curriculum contains a minimum of 1000 hours training time, including some classroom time, AND;
- the trainee has either a high school diploma or a GED.
- be at least 18 years of age,
- not be fully trained or qualified in the occupation for which they are being trained,
- Full Social Security Number

If these conditions are met, veterans *may* receive *Veterans Benefits (as determined by the Veterans Administration)* during their full-time employment, provided they are not fully trained and are not receiving the fully trained wage rate.

More information regarding NC Community Colleges Apprenticeship NC, please go to:
<https://www.apprenticeshipnc.com/>

Wage Rates During the Training Period

Contractors are generally permitted to compensate trainees on a graduating pay scale based upon a percentage of the prevailing minimum journeyman wages (Davis-Bacon Act). According to the FHWA, minimum pay shall be as follows:

- 60 percent of the journeyman wage for the first half of the training period,
- 75 percent of the journeyman wage for the third quarter of the training period,
- 90 percent of the journeyman wage for the last quarter of the training period.

In no instance shall a trainee be paid less than the local minimum wage. In cases involving State Approved OJT Programs, there may be other factors affecting the minimum wage rates. It is the contractor's responsibility to adhere to whichever minimum rate will satisfy both the NNDOL and the NCDOT. More information regarding the Davis-Bacon can be obtained from the NCDOL.

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ADMINISTRATIVE REQUIREMENTS

Trainee Enrollment

The contractor shall use the most current version of the NCDOT's OJT Trainee Enrollment Form found in this manual and on the NCDOT/OJT SharePoint system. A copy of the requirements for the job classification, in which the trainee will be enrolled, shall accompany the Trainee Enrollment Form. The completed form shall be submitted electronically via SharePoint. Once submitted and approved by the OJT Program Administrator the trainee will receive a welcome letter and an *OJT Trainee Orientation Guide*.

Trainee Monitoring

The contractor shall use the most current version of the NCDOT's OJT Monthly Trainee Report found in this manual or the NCDOT/OJT SharePoint system. The completed report shall be submitted electronically via SharePoint (*by the 10th day of each month for the previous month*) until the trainee has completed or terminated the program.

Monthly training reports are required each month until the trainee graduates or terminates.

Trainee Completion

There are several ways for a trainee to exit the OJT program, including graduation, termination, layoff, personal reasons, etc. The contractor shall use the most current version of the NCDOT's OJT Trainee Completion Form found in this manual. A completed Trainee Completion Form and a copy of the Company Certificate shall be submitted electronically via SharePoint no later than fifteen (15) Working days after the trainee is no longer in the program. In order to receive credit for completion, the contractor must submit a company issued Certificate of Completion. Once the completion form and certificate are received, the NCDOT OJT Manager will issue an NCDOT Certificate of Completion and a Mini Pocket Card for the trainee.

Responsibility of the Resident NCDOT Engineer

The Resident Engineer no longer has any official responsibilities with regard to the OJT Program. Even so, the Resident Engineer should be generally aware of any training that is occurring and should inform the OJT Program Manager if any concerns or problems arise while trainees are working on their projects.

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ON THE JOB TRAINING PROGRAM

Responsibilities of the Contractor

The contractor is to assign the trainee to a skilled craftsman, foreman, supervisor or mentor who will be responsible for the day-to-day training and mentoring of the trainee and who will share the appropriate skills associated with the classification for which the trainee is enrolled.

The contractor shall only count hours training within the classification for which the trainee is enrolled. If such classification is not necessary for a period of time or on a particular project, the contractor should attempt to continue to employ the trainee by assigning them other duties. No hours shall be counted for work performed while a trainee is assigned to other duties that are not in their OJT classification.

The contractor shall only count the hours earned while the trainee is performing work in North Carolina.

The contractor shall provide a program orientation to the training foreman, superintendent, and OJT trainee. The orientation shall include at a minimum, review of individual responsibilities during the training program and copies of the training syllabus for the job classification.

The Contractor shall instruct the trainee in safe and healthful work practices and shall ensure that the trainee is trained in facilities and other environments that are in compliance with all applicable safety and health laws and regulations of the United States and the State of North Carolina.

Responsibilities of the Trainees

The trainee shall diligently perform work assigned by the employer.

The trainee shall learn all duties as outlined in their enrolled classification.

The trainee shall immediately notify their employer should something happen that would adversely affect the company or employment status.

The trainee shall be aware of the on-going progress toward completing the OJT Program and notify a supervisor of circumstances for which their progress is halted or delayed. *This may involve notifying someone above an immediate supervisor.*

The trainee shall be aware of their employer's rules and regulations and what steps to take should any issues arise while enrolled in the OJT Program.

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OJT PROGRAM SUPPORT AND MONITORING

Annual Report

The OJT Program Unit prepares an annual report for submittal to the FHWA. The report contains such information as accomplishments, enrollments, graduations, and demographics of trainees.

Trainee Feedbacks/Interviews

In order to determine the continued effectiveness of the OJT Program in North Carolina, OJT program employees regularly conduct personal Feedbacks with current trainees and recent graduates of the program. This enables the OJT program to modify and improve the program as necessary. Trainee Feedbacks are generally conducted at the job site to ensure trainees are working and that training is consistent with the approved training program.

Contractor Coordinator Feedbacks/Interviews

The OJT Program Unit periodically conducts personal interviews with administrative personnel within the contractor's organizations. The information gathered is used to help determine whether current practices within the OJT Program are helpful or where possible improvements can be made. Contractors are on the "front-line" and typically are very helpful with comments and suggestions.

OJT Program Schedule of Yearly Events

Late December - The OJT Program calculates and assigns the yearly training goals for the upcoming calendar year.

Late January - Contractors will receive an agreement letter from the OJT Program that contains the required number of trainees the contractor is required to train. This agreement is to be signed and returned **no later than February 15th**.

June 30th -The OJT Program highly recommends that the contractors enroll trainees prior to this date to allow adequate time for training and graduating the assigned classification

Throughout the year- The OJT Program conducts Feedbacks/Interviews with Trainees who are enrolled or recently have graduated the program. Feedbacks/Interviews are also held with the OJT coordinators to ensure that all goals are being reached.

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On Line Documents and Forms

Documents

- Sample Annual Agreement Letter for Alternate OJT Program
- Company Graduate Certificate
- Copy of Special Provision Z-10
- Copy of Informational Brochure for Mentor/Coach and Trainees (English)
- Copy of Informational Brochure for Trainees in Spanish

OJT Program Forms

- Copy of Trainees Enrollment Form
- Copy of Monthly Trainee Report Form
- Copy of Trainee Completion Form

Trainee Feedback Forms

- Copy of Initial Interview Form
- Copy of Follow-Up Interview Forms
- Copy of Graduate Interview Forms

CONTACT INFORMATION

North Carolina Department of Transportation On-
The-Job Training Program
1511 Mail Service Center Raleigh, NC 27699-1511
Phone: 919-508-1808
Fax :(919) 508-1814

Location: Raney Building
104 Fayetteville Street
Raleigh, NC 27601

THE NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
ON THE JOB TRAINING PROGRAM

TRAINEE ENROLLMENT FORM

Contractor Information:																								
				Contractor Name																				
Contractor OJT Representative:																								
First Name		Last Name		Title																				
Address:																								
		City	State	Zip																				
Telephone #																								
Coach/Supervisor for Trainee:																								
First Name		Last Name		Title																				
Telephone#																								
Trainee Information:																								
Trainee Start Date:		First Name:		Last Name:																				
Middle Initial																								
OJT Classification:			Hours Required																					
Attach a copy of the OJT Classification to this Enrollment Form upon submittal																								
Address:																								
		City	State	Zip Code																				
<input type="checkbox"/> New Hire <input type="checkbox"/> Currently Employed		/ /		Age																				
Telephone #	Employment Status		MM/DD/YYYY	Last 4 digits of SS																				
			Date of Birth																					
IS THIS EMPLOYEE A DISLOCATED WORKER?																								
			<input type="checkbox"/> Yes <input type="checkbox"/> No																					
<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Male</td> <td><input type="checkbox"/> African American</td> <td><input type="checkbox"/> Non-Veteran</td> <td><input type="checkbox"/> Non- High School</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Female</td> <td><input type="checkbox"/> American Indian</td> <td><input type="checkbox"/> Vietnam Veteran</td> <td><input type="checkbox"/> High School <input type="checkbox"/> GED</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Asian</td> <td><input type="checkbox"/> Other Veteran</td> <td><input type="checkbox"/> Some College <input type="checkbox"/> College</td> <td>\$ _____ Hr.</td> </tr> <tr> <td style="text-align: center;">Gender</td> <td style="text-align: center;">Race</td> <td style="text-align: center;">Veteran Status</td> <td style="text-align: center;">Education Level</td> <td style="text-align: center;">Current Wage</td> </tr> </table>					<input type="checkbox"/> Male	<input type="checkbox"/> African American	<input type="checkbox"/> Non-Veteran	<input type="checkbox"/> Non- High School		<input type="checkbox"/> Female	<input type="checkbox"/> American Indian	<input type="checkbox"/> Vietnam Veteran	<input type="checkbox"/> High School <input type="checkbox"/> GED			<input type="checkbox"/> Asian	<input type="checkbox"/> Other Veteran	<input type="checkbox"/> Some College <input type="checkbox"/> College	\$ _____ Hr.	Gender	Race	Veteran Status	Education Level	Current Wage
<input type="checkbox"/> Male	<input type="checkbox"/> African American	<input type="checkbox"/> Non-Veteran	<input type="checkbox"/> Non- High School																					
<input type="checkbox"/> Female	<input type="checkbox"/> American Indian	<input type="checkbox"/> Vietnam Veteran	<input type="checkbox"/> High School <input type="checkbox"/> GED																					
	<input type="checkbox"/> Asian	<input type="checkbox"/> Other Veteran	<input type="checkbox"/> Some College <input type="checkbox"/> College	\$ _____ Hr.																				
Gender	Race	Veteran Status	Education Level	Current Wage																				
Driver's License#		State	Exp. Date:																					
Did the Trainee attend any of the Construction Career Day Events while in High School? <input type="checkbox"/> Yes <input type="checkbox"/> No																								
If yes please indicate the location and year of the event attended:																								

I hereby certify that I have received a copy of my training program and a representative of the contractor has explained the program to my full understanding. Also, I have not successfully completed a training course leading to journeyman level status in this classification or ever been employed as a journeyman in this classification.

Trainee Signature: _____ **Date:** _____

I hereby certify that I have presented this employee with a copy of his/her training program and have explained the program to his/her full understanding. To the best of my knowledge this employee has not successfully completed a training program leading to journeyman level status in this classification or ever been employed as a journeyman in this classification.

Contractor Representative Signature: _____ **Date:** _____
Title

Retain the original copy for your records.

THE NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
ON THE JOB TRAINING PROGRAM

MONTHLY TRAINING REPORT

THIS FORM IS DUE BY THE 10TH OF EACH MONTH TO REMAIN IN COMPLIANCE.

Contractor Information:				
				<i>Contractor Name</i>
Contractor OJT Representative:				
	<i>First Name</i>	<i>Last Name</i>	<i>Title</i>	
Address:				
	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Telephone #</i>
Coach/Supervisor for Trainee:				
	<i>First Name</i>	<i>Last Name</i>	<i>Title</i>	<i>Telephone#</i>
<i>Current Jobsite Location</i>				
Trainee Information:				
		<i>First Name:</i>	<i>Last Name:</i>	<i>Middle Initial</i>
OJT Classification:		<i>Hours Required</i>		
Trainee Status <input type="checkbox"/> Active <input type="checkbox"/> Inactive (If inactive, please explain in the comment section below.)				
Job Classification-Required Training Hours			<i>Current Wage/Salary</i>	
			\$ _____ Per Hour	
Previously earned hours brought forward				
<i>Hours earned this report</i>			<i>Reporting for the month of</i>	
Total Hours earned				
% Completion				
Observation and/or comments:				
Anticipated Graduation Date				
<i>Is this the final Report:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No				
For Final Report: Attach a copy of a completed company certificate with a copy of the completion form				

Signature of person Responsible for monitoring training performance for this trainee:

Signature: _____ Date: _____
Title

Retain the original copy for your records.

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ON THE JOB TRAINING PROGRAM

TRAINEE COMPLETION FORM

Contractor Information:			
			<i>Contractor Name</i>
Contractor OJT Representative:			
	<i>First Name</i>	<i>Last Name</i>	<i>Title</i>
Address:			
	<i>City</i>	<i>State</i>	<i>Zip</i>
			<i>Telephone #</i>
Coach/Supervisor for Trainee:			
	<i>First Name</i>	<i>Last Name</i>	<i>Title</i>
			<i>Telephone#</i>
Trainee Information:			
	<i>First Name:</i>	<i>Last Name:</i>	<i>Middle Initial</i>
OJT Classification:			
		<i>Hours Required</i>	
Address:			
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
REASON FOR EXITING THE OJT PROGRAM			
DATE OF EXIT			
<input type="checkbox"/> Voluntary	<input type="checkbox"/> In-Voluntary	Current Wage Per Hour \$ _____	
<input type="checkbox"/> Graduation	<input type="checkbox"/> Fired (Please explain below)		
<input type="checkbox"/> Construction Phase completed	<input type="checkbox"/> Lack of Transportation	In order to receive credit for the completion of the trainee, attach a copy of a completed company certificate along with the trainee completion form.	
<input type="checkbox"/> Death			
<input type="checkbox"/> Illness/Health Problems			
<input type="checkbox"/> Military Duty			
<input type="checkbox"/> Personal			
<input type="checkbox"/> Quit to work for another company			
<input type="checkbox"/> Relocated			
<input type="checkbox"/> Other (Please explain in comment section)			
<i>Comments</i>			
If graduating, do you feel this individual has gained sufficient competency in this training classification?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Contract Representative Responsible for Company Training Program
Signature: _____ **Title** _____ **Date:** _____

Retain the original copy for your records.

THE NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
ON THE JOB TRAINING PROGRAM

TRAINEE CLASSIFICATION CHANGE REQUEST

Contractor Information:					
					<i>Contractor Name</i>
Contractor OJT Representative:					
		<i>First Name</i>	<i>Last Name</i>	<i>Title</i>	
Address:					
		<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Telephone #</i>
Trainee Information:					
		<i>First Name:</i>	<i>Last Name:</i>	<i>Middle Initial</i>	
<i>Original Classification</i>				<i>Hours</i>	
				<i>Start Date</i>	
<i>New Classification:</i>				<i>Hours</i>	
				<i>Start Date</i>	
<i>Attach a copy of the new classification to this request</i>					
The reason for this request:					
Last Four Digits of Social Security Number				Wage	\$

I hereby certify that I have received a copy of my training program and a representative of the contractor has explained the program to my full understanding. Also, I have not successfully completed a training course leading to journeyman level status in this classification or ever been employed as a journeyman in this classification.

Trainee 's Signature: _____ **Date:** _____

I hereby certify that I have presented this employee with a copy of his/her training program and have explained the program to his/her full understanding. To the best of my knowledge this employee has not successfully completed a training program leading to journeyman level status in this classification or ever been employed as a journeyman in this classification.

Signature: _____ **Date:** _____
Title

Retain the original copy for your records.

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
ON THE JOB TRAINING PROGRAM
TRAINEE ENROLLMENT FORM

Contractor Information:				
				<i>Contractor Name</i>
Contractor OJT Representative:				
<i>First Name</i>		<i>Last Name</i>		<i>Title</i>
Address:				
<i>Number and Street Name</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
Coach/Supervisor for Trainee:				
<i>First Name</i>		<i>Last Name</i>		<i>Telephone#</i>
Trainee Information:				
<i>Trainee Start Date:</i>		<i>First Name:</i>		<i>Last Name:</i>
<i>Middle Initial</i>				
<i>OJT Classification:</i>			<i>Hours Required</i>	
Attach a copy of the OJT Classification to this Enrollment Form upon submittal				
Address:				
		<i>City</i>	<i>State</i>	<i>Zip Code</i>
<input type="checkbox"/> <i>New Hire</i>		<input type="checkbox"/> <i>Currently Employed</i>		
<i>Telephone #</i>	<i>Employment Status</i>		<i>MM/DD/YYYY</i>	<i>Age</i>
		<i>Date of Birth</i>		<i>Last 4 digits of SS</i>
IS THIS EMPLOYEE A DISLOCATED WORKER?				
				<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
<input type="checkbox"/> <i>Male</i>	<input type="checkbox"/> <i>African American</i>	<input type="checkbox"/> <i>Non-Veteran</i>	<input type="checkbox"/> <i>Non- High School</i>	
<input type="checkbox"/> <i>Female</i>	<input type="checkbox"/> <i>American Indian</i>	<input type="checkbox"/> <i>Vietnam Veteran</i>	<input type="checkbox"/> <i>High School</i>	<input type="checkbox"/> <i>GED</i>
	<input type="checkbox"/> <i>Asian</i>	<input type="checkbox"/> <i>Other Veteran</i>	<input type="checkbox"/> <i>Some College</i>	<input type="checkbox"/> <i>College</i>
	<input type="checkbox"/> <i>Caucasian</i>		<i>\$ _____ Hr.</i>	
	<input type="checkbox"/> <i>Hispanic</i>		<i>Current Wage</i>	
	<input type="checkbox"/> <i>Other</i>			
<i>Gender</i>		<i>Race</i>		<i>Veteran Status</i>
<i>Education Level</i>		<i>Current Wage</i>		
<i>Driver's License#</i>		<i>State</i>	<i>Exp. Date:</i>	
Did the Trainee attend any of the Construction Career Day Events while in High School? <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>				
<i>If yes please indicate the location and year of the event attended:</i>				

I hereby certify that I have received a copy of my training program and a representative of the contractor has explained the program to my full understanding. Also, I have not successfully completed a training course leading to journeyman level status in this classification or ever been employed as a journeyman in this classification.

Trainee Signature: _____ **Date:** _____

I hereby certify that I have presented this employee with a copy of his/her training program and have explained the program to his/her full understanding. To the best of my knowledge this employee has not successfully completed a training program leading to journeyman level status in this classification or ever been employed as a journeyman in this classification.

Contractor Representative Signature: _____ **Date:** _____

Email Completed Form to anhamilton@ncdot.gov
cdlittle@ncdot.gov

Title
Dr. Ayanna Hamilton Wallace
OJT Program Manager
Camille Little
OJT Program Administrator



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RECRUIT, TRAIN, RETAIN AND GROW!

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
ON THE JOB TRAINING PROGRAM
TRAINEE ENROLLMENT FORM

Contractor Information:				
				<i>Contractor Name</i>
Contractor OJT Representative:				
<i>First Name</i>		<i>Last Name</i>		<i>Title</i>
Address:				
<i>Number and Street Name</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
Coach/Supervisor for Trainee:				
<i>First Name</i>		<i>Last Name</i>		<i>Telephone#</i>
Trainee Information:				
<i>Trainee Start Date:</i>		<i>First Name:</i>		<i>Middle Initial</i>
		<i>Last Name:</i>		
OJT Classification:				
			<i>Hours Required</i>	
Attach a copy of the OJT Classification to this Enrollment Form upon submittal				
Address:				
		<i>City</i>	<i>State</i>	<i>Zip Code</i>
<input type="checkbox"/> New Hire		<input type="checkbox"/> Currently Employed		
<i>Telephone #</i>	<i>Employment Status</i>		<i>MM/DD/YYYY</i>	<i>Age</i>
			<i>Date of Birth</i>	<i>Last 4 digits of SS</i>
IS THIS EMPLOYEE A DISLOCATED WORKER?				
				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> African American		<input type="checkbox"/> American Indian		
<input type="checkbox"/> Male		<input type="checkbox"/> Asian		
<input type="checkbox"/> Female		<input type="checkbox"/> Hispanic		
<i>Gender</i>		<i>Race</i>		
		<input type="checkbox"/> Non-Veteran		
		<input type="checkbox"/> Vietnam Veteran		
		<input type="checkbox"/> Other Veteran		
		<i>Veteran Status</i>		
		<input type="checkbox"/> Non- High School		
		<input type="checkbox"/> High School		
		<input type="checkbox"/> Some College		
		<input type="checkbox"/> GED		
		<input type="checkbox"/> College		
		<i>Education Level</i>		<i>\$ _____ Hr.</i>
				<i>Current Wage</i>
Driver's License#				
		<i>State</i>	<i>Exp. Date:</i>	
Did the Trainee attend any of the Construction Career Day Events while in High School?				
				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes please indicate the location and year of the event attended:				

I hereby certify that I have received a copy of my training program and a representative of the contractor has explained the program to my full understanding. Also, I have not successfully completed a training course leading to journeyman level status in this classification or ever been employed as a journeyman in this classification.

Trainee Signature: _____ **Date:** _____

I hereby certify that I have presented this employee with a copy of his/her training program and have explained the program to his/her full understanding. To the best of my knowledge this employee has not successfully completed a training program leading to journeyman level status in this classification or ever been employed as a journeyman in this classification.

Contractor Representative Signature: _____ **Date:** _____

Email Completed Form to anhamilton@ncdot.gov
cdliddle@ncdot.gov

Title
Dr. Ayanna Hamilton Wallace
OJT Program Manager
Camille Little
OJT Program Administrator



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RECRUIT, TRAIN, RETAIN AND GROW!

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
ON THE JOB TRAINING PROGRAM

MONTHLY TRAINING REPORT

THIS FORM IS DUE BY THE 10TH OF EACH MONTH TO REMAIN IN COMPLIANCE.

Contractor Information:				
				<i>Contractor Name</i>
Contractor OJT Representative:				
<i>First Name</i>		<i>Last Name</i>		<i>Title</i>
Address:				
		<i>City</i>	<i>State</i>	<i>Zip</i>
		<i>Telephone #</i>		
Coach/Supervisor for Trainee:				
<i>First Name</i>		<i>Last Name</i>		<i>Title</i>
		<i>Telephone#</i>		
<i>Current Jobsite Location</i>				
Trainee Information:				
<i>First Name:</i>		<i>Last Name:</i>		<i>Middle Initial</i>
OJT Classification:			<i>Hours Required</i>	
Trainee Status <input type="checkbox"/> Active <input type="checkbox"/> Inactive (If inactive, please explain in the comment section below.)				
<i>Job Classification-Required Training Hours</i>			<i>Current Wage/Salary</i>	
			\$ _____ Per Hour	
<i>Previously earned hours brought forward</i>				
<i>Hours earned this report</i>			<i>Reporting for the month of</i>	
<i>Total Hours earned</i>				
<i>% Completion</i>				
Observation and/or comments:				
<i>Anticipated Graduation Date</i>				
<i>Is this the final Report:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No				
For Final Report: Attach a copy of a completed company certificate with a copy of the completion form				

Signature of person Responsible for monitoring training performance for this trainee:
Signature: _____ Date: _____
Title

Email Completed Form to anhamilton@ncdot.gov **Dr. Ayanna Hamilton Wallace**
cdlittle@ncdot.gov **OJT Program Manager**
Camille Little
OJT Program Administrator

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RECRUIT, TRAIN, RETAIN AND GROW!

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
ON THE JOB TRAINING PROGRAM
TRAINEE COMPLETION FORM

Contractor Information:				
				<i>Contractor Name</i>
Contractor OJT Representative:				
		<i>First Name</i>	<i>Last Name</i>	<i>Title</i>
Address:				
		<i>City</i>	<i>State</i>	<i>Zip Telephone #</i>
Coach/Supervisor for Trainee:				
		<i>First Name</i>	<i>Last Name</i>	<i>Title Telephone#</i>
Trainee Information:				
		<i>First Name:</i>	<i>Last Name:</i>	<i>Middle Initial</i>
OJT Classification:		Hours Required		
Address:				
		<i>City</i>	<i>State</i>	<i>Zip Code</i>
REASON FOR EXITING THE OJT PROGRAM				
DATE OF EXIT				
<input type="checkbox"/> Voluntary		<input type="checkbox"/> In-Voluntary		Current Wage Per Hour \$ _____
<input type="checkbox"/> Graduation		<input type="checkbox"/> Fired (Please explain below)		
<input type="checkbox"/> Construction Phase completed		<input type="checkbox"/> Lack of Transportation		
<input type="checkbox"/> Death		In order to receive credit for the completion of the trainee, attach a copy of a completed company certificate along with the trainee completion form.		
<input type="checkbox"/> Illness/Health Problems				
<input type="checkbox"/> Military Duty				
<input type="checkbox"/> Personal				
<input type="checkbox"/> Quit to work for another company				
<input type="checkbox"/> Relocated				
<input type="checkbox"/> Other (Please explain in comment section)				
Comments				
If graduating, do you feel this individual has gained sufficient competency in this training classification?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Contract Representative Responsible for Company Training Program
Signature: _____ **Date:** _____

Title

Email Completed Form to anhamilton@ncdot.gov **Dr. Ayanna Hamilton Wallace**
OJT Program Manager
cdlittle@ncdot.gov **Camille Little**
OJT Program Administrator

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RECRUIT, TRAIN, RETAIN AND GROW!

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
ON THE JOB TRAINING PROGRAM

TRAINEE CLASSIFICATION CHANGE REQUEST

Contractor Information:					
					<i>Contractor Name</i>
Contractor OJT Representative:					
		<i>First Name</i>	<i>Last Name</i>	<i>Title</i>	
Address:					
			<i>City</i>	<i>State</i>	<i>Zip</i>
					<i>Telephone #</i>
Trainee Information:					
		<i>First Name:</i>	<i>Last Name:</i>	<i>Middle Initial</i>	
<i>Original Classification</i>				<i>Hours</i>	
					<i>Start Date</i>
<i>New Classification:</i>				<i>Hours</i>	
					<i>Start Date</i>
Attach a copy of the new classification to this request					
The reason for this request:					
Last Four Digits of Social Security Number		Wage		\$	

I hereby certify that I have received a copy of my training program and a representative of the contractor has explained the program to my full understanding. Also, I have not successfully completed a training course leading to journeyman level status in this classification or ever been employed as a journeyman in this classification.

Trainee's Signature: _____ **Date:** _____

I hereby certify that I have presented this employee with a copy of his/her training program and have explained the program to his/her full understanding. To the best of my knowledge this employee has not successfully completed a training program leading to journeyman level status in this classification or ever been employed as a journeyman in this classification.

Signature: _____ **Date:** _____
Title

Email Completed Form to anhamilton@ncdot.gov **Dr. Ayanna Hamilton Wallace**
cdlittle@ncdot.gov **OJT Program Manager**
Camille Little
OJT Program Administrator

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RECRUIT, TRAIN, RETAIN AND GROW!