



STATE OF DELAWARE
DEPARTMENT OF TRANSPORTATION
 800 BAY ROAD
 P.O. BOX 778
 DOVER, DELAWARE 19903

SHAILEN P. BHATT
 SECRETARY

**DELAWARE DEPARTMENT OF TRANSPORTATION
 ON-THE-JOB TRAINING PROGRAM
 TRAINEE SCHEDULE FORM**

PLEASE COMPLETE THE ENTIRE FORM

DelDOT Project Number: _____ Federal Aid Number: _____

Project Title: _____

County: New Castle Kent Sussex City/District: _____

No. of Trainee(s) Assigned: _____ Contract Calendar Days: _____

Contractor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Email: _____

APPROVED TRAINING PROGRAM TO BE USED:

Company Program DelDOT Program Other Program (Please Explain):

NUMBER OF TRAINEES	CLASSIFICATIONS	ESTIMATED STARTING DATE (M/Y)	REQUIRED HOURS

Contractor Representative Signature: _____

Contractor Representative Name (Print): _____

Contractor Representative Title: _____ Date: _____

Telephone: () _____ Email: _____

I hereby agree that the scope of this contract can support the proposed trainee classification(s) in achieving the required program hours. However, by signing, this does not guarantee the hours will be met and does not relieve the contractor of their Good Faith Effort (GFE) responsibility to administer the/this (OTJ) program.

DelDOT Group Engineer: _____ Date: _____

MAIL COPY TO: Delaware Department of Transportation, Office of Civil Rights, 800 Bay Road, Dover, Delaware 19901