



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

PLEASE PRINT OR TYPE

Project No. _____ Federal Aid No. _____

County _____ No. Of Trainee(s) Assigned _____

Contractor _____ Telephone () _____

Address _____

City _____ State _____ Zip _____

APPROVED TRAINING PROGRAM TO BE USED:

Company Program DelDOT Other (Please Explain)

Contract Calendar Days _____

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

Contractor Representative Signature: _____

Title: _____ Date: _____

Approved By District Engineer: _____ Date: _____

RETAIN ORIGINAL AND MAIL COPY TO:
Delaware Department of Transportation
On-The-Job Training Program
800 Bay Road, P. O. Box 778
Dover, DE 19903