

Instructions: Trainee Enrollment & Notice of Personnel Action Form

One form is used to record all personnel actions and approvals for one trainee.

Section 1: PROJECT IDENTIFICATION

Box 1: Fin. Proj No. – The Financial Project Number

Box 2: F.A.P. No. – The Federal Aid Project Number assigned to federally funded projects. Leave Blank or insert N/A when training is performed on state funded projects.

Box 3: Contract No. - The project contract number

Box 4: County – County or counties project work is being performed in

Box 5: District – The Department's District Number Designation in which the training documents are being submitted.

Districts are 1-7, and the Turnpike District.

Box 6: Contractor Name – The name of the prime contractor.

Box 7: FEID No. – The contractor's Federal Identification Number

Section 2: ENROLLMENT & TRAINEE IDENTIFICATION

Box 8: Proposed Training Classification – Training Classification proposed for the enrollee

Box 9: Trainee's Name-First name, middle initial, last name of enrollee

Box 10: Four Digit Employee Identifier Number– Print or Type the Trainee's 4 digit number

Box 11: Trainee's Race- Indicate race

Box 12: Trainee's Sex- Male or female

Box 13: Date of Birth-Trainee' month/day/year of birth

Box 14: Trainee's Mailing Address- Street, City, State, Zip Code of trainee

Box 15: Instructor's Name and Classification- First and last name of trainee's instructor and their job classification

Box 16: Income Data-Non Minority Male enrollment –This section is completed only when a trainee is a non-minority male and the contractor's workforce lacks diversity. Record the estimated gross income of the trainee's family (household) for the last 12 months and the trainee's gross income (alone), the actual number of dependents of the trainee.

Box 17: Previous FDOT/FTBA OJT Trainee Classifications- Or none; list the classification of each Trainee position the employee has previously been enrolled in and/or completed for any company; or check 'none'.

Box 18: Enrollment Date Requested- Month/day/year when time accumulation will begin

Box 19: Trainee's signature & Date- Trainee signs and dates here

Box 20: Contractor's Signature and Date Contractor -signs here

Box 21: Date & Time the Trainee will be on the project and available for the Trainee Interview state the month/day/year and the trainee will be on the Project.

Section 3: ENROLLMENT APPROVAL

Box 22: Acceptable Trainee Interview? Check yes or no if results of interview indicate eligibility

Box 23: Enrollment Approved Check yes or no if enrollment is approved

Box 24: District Contract Compliance Manager Signature & Date DCCM- signs here

Section 4: GRADUATION REQUEST TO JOURNEYMAN STATUS

The contractor completes this section once a successful proficiency observation has been recorded.

Box 25: Date of Successful Observation- Month/day/year of successful trainee proficiency observation

Box 26: Total Accumulated training Hours- Hours accumulated at the time of graduation

Box 27: Contractor's Signature and Date Contractor- Signs here

Section 5: GRADUATION APPROVAL TO JOURNEYMAN STATUS

Box 28: Graduation To Journeyman Status Approved? Check yes or no

Box 29: District Contract Compliance Manager Signature & Date DCCM signs here

Section 6: CONTRACTOR'S REQUEST FOR AWARD OF BANKING CERTIFICATE

This section is completed along with Section 4 (Graduation Request) when the contractor requests a banking certificate for this graduation

Box 30 Contractor's Signature and Date Contractor signs here

Section 7: BANKING APPROVAL

Box 31: Banking Approved? Check yes or no

Box 32: District Contract Compliance Manager Signature & Date DCCM signs here

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Section 8: TRAINEE TRANSFER REQUEST

This section is completed if the trainee is unable to complete training on the project indicated in Box 1 and the contractor wishes to transfer the trainee to another project for completion.

Box 33: Financial Project No. Transferred to-Financial Project No. of the project the trainee will go to.

Box 34: F.A.P No. - The Federal aid project number assigned to federally funded projects. Leave blank or insert NA when the project is wholly state funded.

Box 35: District- the district number of the new project

Box 36: Hrs Prior to Transfer- Contractor's indication of training hours at time of transfer: these are subject to verification

Box 37: Effective Date- Date trainee will begin accumulation hours on new project

Box 38: Contractor's Signature and Date -Contractor on current project signs here

Section 9: TRANSFER APPROVAL

Box 39: Sending District Contract Compliance Manager Signature & Date DCCM of district shown in box 5 signs here

Box 40: Receiving District Contract Compliance Manager Signature & Date DCCM of District shown in box 40 signs here

Section 10: NOTICE OF TERMINATION PRIOR TO GRADUATION

This section is completed if the trainee is voluntarily or involuntarily terminated before successful proficiency observation and time accumulation

Box 41: Type of Termination: Indicate voluntary or involuntary

Box 42: Reason for Termination State the reason for termination such as absenteeism, failed to meet company standards, etc.

Box 43: Effective Date Month/day/ year of employee's termination

Box. 44: Accumulated Hours at Termination Contractor's indication of training hours at time of transfer: these are subject to verification.