

# Request for Trainee Approval

*Contractor must complete one form for each trainee and submit to:*

**Highway Civil Rights Office • 1500 Hwy 2 • Lincoln NE 68509-4759 • Fax No. (402) 479-3728**

Contractor:		Date:
Project No./Name:	NDOR Project Manager:	
Site Location:		
Trainee's Direct Supervisor:		
Training Program Utilized:		
<b><i>I acknowledge I have been given a copy of the OJT Program that I will be trained on.</i></b>		Trainee Signature:
Status: <input type="checkbox"/> Union Apprentice <input type="checkbox"/> Non-Union Trainee		
Trainee's Name:	Trainee's Social Security No.:	Phone No.:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race/Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other:		
Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous Training: <i>(If Yes, explain below)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
* If Trainee had previous training, identify when, classification trained for, and number of hours completed:		
Classification to be Trained For:	Number of Hours Training to be Provided:	
<input type="checkbox"/> New Hire <input type="checkbox"/> *Upgrade	Date Hired:	
*If Upgrade, Identify Current Classification:	If Upgrade, Identify Current Wage Rate:	
Davis-Bacon Wage:	Trainee's Wage: 1 <sup>st</sup> 1/2      , 3 <sup>rd</sup> Qtr.      , 4 <sup>th</sup> Qtr.	
Signature - Contractor's Representative:		
External EEO: <input type="checkbox"/> Approved <input type="checkbox"/> *Disapproved	NDOR External Civil Rights Office <i>(Signature)</i> :	
*If Disapproved, provide explanation:		