



## West Virginia Division of Highways On-The-Job Training Inclusion Request Form

To: OJT Program Manager  
Civil Rights Compliance Division

From: \_\_\_\_\_ Title: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Project Name: \_\_\_\_\_

County: \_\_\_\_\_ Contract ID: \_\_\_\_\_

State Project Number: \_\_\_\_\_

Federal Project Number: \_\_\_\_\_

Estimated Cost of Project: \_\_\_\_\_

Estimated Duration of Project (in months): \_\_\_\_\_

Specific Type of Work to be Performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\* OJT PROGRAM MANAGER USE ONLY \*\*\*\*\*

Training Request:      Approved: \_\_\_\_\_      Rejected: \_\_\_\_\_

Number of Trainees Assigned: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date of Decision: \_\_\_\_\_