

**CONTRACTOR'S OJT EMPLOYMENT
STATUS CHANGE FORM**

OJT TRAINEE INFORMATION

Name: _____ SSN: (minimum last 6 digits) _____

Address: _____

EMPLOYER INFORMATION

Contractor: _____

Address: _____

State Project No. (s): _____

Contact Person & Title: _____

Phone No.: _____ Email Address: _____

OJT Classification(s) (Include Approved DOT No. as Applicable): _____

OJT Training Hours Completed to Date (For Each Approved OJT position): _____

EFFECTIVE DATE OF Change (mo/day/year): _____

REASON FOR CHANGE (select one):

_____ Employee Resigned

_____ Employee Terminated

_____ Employee Voluntarily Withdrew From Program

****(REQUIRED): MUST provide reason for termination or resignation:** _____

Remit completed form **within 1 week of change effective date to DOTDOJTProgram@la.gov