



# 50% OJT REIMBURSEMENT PROGRAM



On-the-Job Training (OJT) Apprentice or Trainee must fill out this form accurately with required documentation submitted to the Alaska DOT&PF, Civil Rights Office. Read through the instructions found here under the "OJT Support Services" tab: <https://dot.alaska.gov/cvlrts/ojt.shtml> prior to filling out this form.

|                                                    |                                  |
|----------------------------------------------------|----------------------------------|
| <b>OJT Apprentice/Trainee Contact Information:</b> |                                  |
| <b>Name:</b>                                       | <b>Email:</b>                    |
| <b>Phone:</b>                                      | <b>Address (must match W-9):</b> |
| <b>Alaska Vendor Self Service Number:</b>          |                                  |
| <b>Date:</b>                                       | <b>Signature:</b>                |

|                                                                                                                                                                                                                                                                                        |                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| <b>OJT Apprentice/Trainee Information:</b>                                                                                                                                                                                                                                             |                              |
| <b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to say                                                                                                                                                                | <b>Last 4 digits of SSN:</b> |
| <b>Ethnicity/Race:</b> <input type="checkbox"/> Alaska Native/Indigenous <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian/Pacific Islander<br><input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Other: _____ |                              |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <b>Project Information:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         |
| <b>Prime Contractor:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Project Number (Ex. CFHWY00939):</b> |
| <b>Project Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |
| <b>Hired classification:</b> <input type="checkbox"/> Bricklayer <input type="checkbox"/> Cement Mason <input type="checkbox"/> Electrician <input type="checkbox"/> Ironworker <input type="checkbox"/> Teamster<br><input type="checkbox"/> Equipment Operator <input type="checkbox"/> Roofer <input type="checkbox"/> Piledriver <input type="checkbox"/> Laborer <input type="checkbox"/> Painter Heat & Frost Insulator<br><input type="checkbox"/> Plumber <input type="checkbox"/> Sheet Metal Worker <input type="checkbox"/> Shipyard Worker <input type="checkbox"/> Other: _____ |                                         |

| Civil Rights Office Use Only     |                                                                 |
|----------------------------------|-----------------------------------------------------------------|
| <b>Date Received:</b>            | <input type="checkbox"/> <b>Apprentice/Trainee in IRIS VSS?</b> |
| <b>Approved/Denied (reason):</b> | <input type="checkbox"/> <b>Invoice/Receipts attached?</b>      |
| <b>Total Amount:</b>             | <input type="checkbox"/> <b>Application complete</b>            |
| <b>CRO Staff Name:</b>           | <b>Title:</b>                                                   |
| <b>Signature:</b>                | <b>Date:</b>                                                    |

## Examples on How to Fill Out Expenses

| Expense/Vendor:               | Unit Price: | Total Paid: | Date Paid or Months: | Attachment(s)<br>Invoice <input type="checkbox"/> Bank Info <input type="checkbox"/>      |
|-------------------------------|-------------|-------------|----------------------|-------------------------------------------------------------------------------------------|
| AIH: Steel Toe Boots          | \$150.00    | \$150.00    | 10/1/23              | Invoice <input checked="" type="checkbox"/> Bank Info <input checked="" type="checkbox"/> |
| Chevron: Fuel Cost            | \$75.00     | \$300.00    | 10/1/23-12/1/23      | Invoice <input checked="" type="checkbox"/> Bank Info <input checked="" type="checkbox"/> |
| Childcare Expense from Thread | \$500       | \$1,000.00  | 11/1/23-12/30/23     | Invoice <input checked="" type="checkbox"/> Bank Info <input checked="" type="checkbox"/> |

### Use this Section to Fill out Expenses

[illegible]