

**CONTRACTOR'S OJT CHANGE FORM**

**Trainee**

Name: \_\_\_\_\_ SSN (minimum last 6 digits): \_\_\_\_\_

Contractor: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**New Classification**

Previous Classification: \_\_\_\_\_ Hours trained: \_\_\_\_\_

New Classification: \_\_\_\_\_ Hours to be trained: \_\_\_\_\_

**Trainee's Status**

Graduation Date: \_\_\_\_\_

Termination Date: \_\_\_\_\_

Why Terminated: \_\_\_\_\_

**Location**

Job Classification: \_\_\_\_\_ Planned training start date: \_\_\_\_\_

Previous Project Number: \_\_\_\_\_ Parish: \_\_\_\_\_

New Project Number: \_\_\_\_\_ Parish: \_\_\_\_\_