

**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- \_\_\_\_\_ Employee Withdrawn
- \_\_\_\_\_ Other (explain): \_\_\_\_\_

Additional Comments (if needed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Remit completed form within 1 week of change effective date to DOTD Compliance Programs:  
Joyce Brignac, OJT Program Specialist [joyce.brignac@la.gov](mailto:joyce.brignac@la.gov) ; OR fax to (225) 379-1865, ATTN: Joyce Brignac, OJT Program Specialist**