



Apprentice/Trainee Approval Request

Note: This form shall be submitted for each trainee intended for utilization per the Special Training Provision. The Prime Contractor is required to review and submit the form for approval of its subcontractor(s) trainees.

Prime Contractor		Federal Employee ID No.*	Contract No.
Subcontractor (If Trainee is not employed by Prime)		Federal Employee ID No.	Federal-Aid No.
*If no Federal Employer ID, use owner's Social Security Number.			
Approval Request - Approval is requested to provide training, per our approved Training Program, to the following apprentice/trainee:			
Trainee		Job Class	
Social Security Number (last four digits) XXX-XX-_____	Employee Status <input type="checkbox"/> New Hire <input type="checkbox"/> Upgrade	Hrs. to be Trained This Project	Trainee Start Date
Wage Rate	Type of On-The-Job Training <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Other (Describe)		
NOTE: Minimum Wage - Trainees shall be paid in accordance with the provisions of RCW 39.12.021, which reads as follows: Apprentice workmen employed upon public works projects for whom an apprenticeship agreement has been registered and approved with the State Apprenticeship Council pursuant to chapter 49.04 RCW, must be paid at least the prevailing hourly rate for an apprentice of that trade. Any workman for whom an apprenticeship agreement has not been registered, and approved by the State Apprenticeship Council shall be considered to be a fully qualified journeyman and therefore, shall be paid at the prevailing hourly rate for journeyman.			
Ethnic Group <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other			Sex <input type="checkbox"/> M <input type="checkbox"/> F
Good faith effort documentation is required if a non-protected person is proposed for training.			
Summary of previous training. (Enter amount and type of training previously received by trainee. If known, please indicate other Contracting Agency contract(s) trainee has been utilized, per the Special Training Provision.)			
_____ Prime Contractor Signature		_____ *(Sub) Contractor Signature	
_____ Date		_____ Date	

This Area for Contracting Agency Use Only

☐ Approved ☐ Denied

Remarks

Region Approving Authority

Date

Title