



# 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.

**Approval Request** - Approval is requested to provide training, per our approved Training Program, to the following apprentice/trainee:

Trainee		Job Class
Employee Status New Hire      Upgrade	Hrs. to be Trained This Project	Trainee Start Date
Wage Rate	Type of On-The-Job Training Apprenticeship      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 Black      Asian/Pacific Islander      American Indian      Hispanic      Other	Sex M      F
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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 _____	Date _____	*(Sub) Contractor Signature _____	Date _____
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**This Area for Contracting Agency Use Only**

Approved      Denied      Trainee Tracking Number _____
Remarks

Region Approving Authority _____	Date _____	Title _____
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