#### [Insert WDB Name Here] [Insert OJT Provider Name Here] On-the-Job Training (OJT) Contract: Training Plan

#### Section 1: General Information

Please complete the followi	ng:			
TRAINEE NAME:			JOB TITLE:	
O*NET CODE:	SVP C		HOURLY STARTING WAGE:	HOURLY ENDING WAGE:
REIMBURSEMENT PERCENTAGE:	REIMBURSEMENT RATE:	MAXIMUM TRAINING HOURS:	MAXIMUM REIMBURS/	ABLE AMOUNT:
COMPANY NAME:	COMF	PANY ADDRESS:		
TRAINEE SUPERVISOR:	TITLE	S	PHONE/EMAIL:	
EMPLOYER REPRESENTATIVE NAM	IE: WIOA	OIT AGENCY REPRESENTATIVE:	WIOA OJT AGENC INFO:	Y REPRESENTATIVE CONTACT
PAY SCHEDULE:     PAY DAY:       Weekly     Monthly       Bi-Weekly     Other   PERIOD COVERED:			RATIO OF TRAINEES TO SUPERVISOR:	
BENEFITS AVAILABLE (list):			I	

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## **Section 2: Training Outline**

List in the chart below the skills needed to become proficient in the position. *Note: the standard training hours are determined through the use of Specific Vocational Preparation (SVP) codes while the actual anticipated training hours are determined after careful analysis of the trainee's current skills and work history*. Please list the standard and anticipated hours required for each skill, as well as the estimated start and end dates. The midpoint and final evaluations will address all listed skills objectives. Attach an official job description to the completed contract.

JOB SKILLS NEEDED	STANDARD TRAINING HOURS	ANTICIPATED TRAINING HOURS	ESTIMATED START DATE	ESTIMATED END DATE
		$\mathbf{C}$		
	$\mathbf{C}$			

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JOB SKILLS NEEDED	STANDARD TRAINING HOURS	ANTICIPATED TRAINING HOURS	ESTIMATED START DATE	ESTIMATED END DATE
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# Section 2: Training Outline (continued, if applicable)

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# Section 3: Authorized Signatures

EMPLOYER REPRESENTATIVE SIGNATURE:	TITLE:	DATE:
SUPERVISOR SIGNATURE:	TITLE:	DATE:
NIOA OJT AGENCY REPRESENTATIVE SIGNATURE:	TITLE:	DATE:
TRAINEE SIGNATURE:		DATE:
	5	

### Section 4: Training Plan Modification, if applicable

OJT Plans may require changes for which a modification is necessary. Reasons for a modification include, but are not limited to:

- To extend the end date of training due to illness or equipment failures at the place of business.
- To correct errors in the original training budget or the description of the job duties.
- Cancellation.
- To extend the end date in order to ensure satisfactory skill attainment.

The Employer and the WIOA OJT Agency agree that this Training Plan shall be modified as stated:

Click here to enter text.

Except as hereby modified, all other terms and conditions of this training plan remain unchanged and in full force and effect. The effective date of this modification is Click here to enter a date.



The employer and the WIOA OJT Agency mutually agree to abide by the terms and conditions stated and do hereby execute this modification in keeping with our respective authority.

By signing below, I agree to adhere to the modifications set forth in Section 4				
EMPLOYER SIGNATURE:	TITLE:	DATE:		
SUPERVISOR SIGNATURE:	TITLE:	DATE:		
WIOA OJT AGENCY REPRESENTATIVE SIGNATURE:	TITLE:	DATE:		
TRAINEE SIGNATURE:	Xev	DATE:		

\*By signing this agreement all parties agree to follow Assurances found on Attachment C, page 3.

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