

**Foothills Workforce Development Board
Foothills Regional Commission
On-the-Job Training (OJT) Contract: Training Plan**

Section 1: General Information

Please complete the following:				
TRAINEE NAME:			JOB TITLE:	
O*NET CODE:		SVP CODE:		MAXIMUM TRAINING HOURS:
REIMBURSEMENT RATE: \$	REIMBURSEMENT PERCENTAGE: %	MAXIMUM REIMBURSABLE AMOUNT: \$	HOURLY STARTING WAGE: \$	HOURLY ENDING WAGE: \$
COMPANY NAME:		COMPANY ADDRESS:		
TRAINEE SUPERVISOR:		TITLE:	PHONE/EMAIL:	
EMPLOYER REPRESENTATIVE NAME:		WIOA OJT AGENCY REPRESENTATIVE: Sarah Crank	WIOA OJT AGENCY REP. CONTACT INFO: 828/748-6083 scrank@foothillsregion.org	
PAY SCHEDULE: Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Other <input type="checkbox"/>		PAY DAY: PERIOD COVERED:	RATIO OF TRAINEES TO SUPERVISOR:	
BENEFITS AVAILABLE:				

Section 2: Training Outline

List in the chart below the skills and learning objectives needed to become proficient in the position. *Note: the standard training hours are determined through the use of 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 and learning objectives. Attach an official job description to the completed contract.

SKILLS/LEARNING OBJECTIVES	STANDARD TRAINING HOURS	ANTICIPATED TRAINING HOURS	ESTIMATED START DATE	ESTIMATED END DATE

Section 3: Authorized Signatures

By signing below, I agree to adhere to the Training Outline and my responsibilities thereof.

EMPLOYER REPRESENTATIVE SIGNATURE:	TITLE:	DATE:
SUPERVISOR SIGNATURE:	TITLE:	DATE:
WIOA OJT AGENCY REPRESENTATIVE SIGNATURE:	TITLE:	DATE:
TRAINEE SIGNATURE:		DATE:

Section 4: Training Plan Modification, if applicable

On-the-Job Training 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 OJT Agency agree that this Training Plan shall be modified as stated:

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 _____.

The employer and the 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:		DATE:

