**WIA Adult and Dislocated Worker Program**

**Training Plan Development and Implementation**

**Attachment C**

**Section 1: Contact and OJT information** (c*omplete the contact information for the employer and trainee*)

|  |  |  |
| --- | --- | --- |
| Employer: | Contact Name: | Phone: |
| Trainee: | E-mail: | Phone: |
| OJT start date: | OJT end date: | Total training hours: |
| Hourly wage rate: | Reimbursement rate:        % | Maximum reimbursement:  $ |

**Section 2: Occupational Information** (c*omplete the occupational information for the trainee’s skills level*)

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: | O\*NET: | | Hours/Week: |
| Required Job Skills for occupation: | | Measured: | |
| Job skill needed: | | Skills attained? Yes  No | |
| Job skill needed: | | Skills attained? Yes  No | |
| Job skill needed: | | Skills attained? Yes  No | |

**Section 3: Trainee’s ending capabilities** (t*o be completed by the employer*)

|  |  |
| --- | --- |
| Meets the employer’s standard for the position (*please provide brief explanation*): | Yes  No |
| Employer recommendations (*e.g., tools needed, uniform, etc*): | Yes  No |

**Section 4: Signatures**

All parties agree to provide or obtain training for the skills outlined in this training plan

Authorized Signatures:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainee / Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OJT Provider / Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer / Date