**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