**WIOA Adult and Dislocated Worker Program**

**Training Plan - Addendum**

|  |  |  |
| --- | --- | --- |
| Employer: | Contact Name: | Phone: |
| Trainee: | OSOS#: | Job zonemaximum : |
| OJT start date: | OJT end date: | Total training hours: |
| Hourly wage rate: | Reimbursement rate:  % | Maximum reimbursement:  $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Required Skills** | **Skills Level** | **Training Method** | **Estimated Training Hours** |
|  | **Beginning**  **Intermediate** | **Supervisor**  **Peer to Peer**  **Job Shadowing**  **Other (explain)** |  |
|  | **Beginning**  **Intermediate** | **Supervisor**  **Peer to Peer**  **Job Shadowing**  **Other (explain)** |  |
|  | **Beginning**  **Intermediate** | **Supervisor**  **Peer to Peer**  **Job Shadowing**  **Other (explain)** |  |
|  | **Beginning**  **Intermediate** | **Supervisor**  **Peer to Peer**  **Job Shadowing**  **Other (explain)** |  |

**Total Hours**

***All parties agree to provide or obtain training for the skills outlined in this Training Plan.***

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**Employer Signature Date**

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

**Trainee Signature Date**

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

**WIOA Service Provider Approval Date**