**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**