

ON-THE-JOB TRAINING OBLIGATION FORM

SUB-RECIPIENT:			
CONTRACT:			
PARTICIPANT NAME:		NJCOS#:	

PROGRAM ELIGIBILITY: ADULT DW OSY OTHER: _____

EMPLOYER NAME:			
JOB TITLE:			
NUMBER OF EMPLOYEES:*		JOB ZONE:	

*Current total not including this OJT.

OBLIGATION TYPE: NEW OJT REVISED CONTRACT

WAGE SUBSIDY START DATE:		WAGE SUBSIDY END DATE:	
ACTUAL HOURLY RATE:		REIMBURSEMENT RATE:	
TOTAL OJT HOURS:		TOTAL OJT AMOUNT:	

Sub-Recipient Authorized Signature

Date

The signature below indicates that WC has authorized WIOA funds to be released upon receipt of invoice and W-9 for the OJT Employer. OJTs not authorized by WC in advance of the training start date will not be reimbursed.

Workforce Connections Authorized Signature

Date