

**ON-THE-JOB TRAINING OBLIGATION FORM**

SUB-RECIPIENT:			
CONTRACT/CLUSTER NAME:			
SERVICE LOCATION:			
PARTICIPANT NAME:		USER ID:	

PROGRAM ELIGIBILITY:            ADULT                      DW                      OSY                      OTHER: \_\_\_\_\_

EMPLOYMENT STATUS: Is the individual employed prior to the start of the OJT?            YES                      NO

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*