



WIOA Title I ADW and Youth Programs
On-the-Job-Training (OJT) Obligation Form

Table with 4 rows: SUB-RECIPIENT, CONTRACT/CLUSTER NAME, SERVICE LOCATION, PARTICIPANT NAME (with USER ID sub-column).

PROGRAM ELIGIBILITY: ADULT DW OSY OTHER: _____

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

Table with 3 rows: EMPLOYER NAME, JOB TITLE, NUMBER OF EMPLOYEES (with JOB ZONE sub-column).

*Current total NOT including this OJT.

OBLIGATION TYPE: NEW OJT REVISED CONTRACT

Table with 3 rows: WAGE SUBSIDY START DATE, ACTUAL HOURLY RATE, TOTAL OJT HOURS (with WAGE SUBSIDY END DATE, REIMBURSEMENT RATE, TOTAL OJT AMOUNT sub-columns).

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