



**WIOA Title I ADW and Youth Programs
On-the-Job-Training (OJT) Training Plan**

Employer/Business Name:	Employer/Business Contact Name:	Employer/Business Phone:
Trainee/Participant Name:	User ID#:	Job zone maximum:
OJT start date:	OJT end date:	Total training hours:
Hourly wage rate:	Reimbursement rate:	Max. reimbursement:

Required Skills	Skill Level	Training Method	Estimated Training Hours
	<input type="checkbox"/> Beginning <input type="checkbox"/> Intermediate	<input type="checkbox"/> Supervisor <input type="checkbox"/> Peer to Peer <input type="checkbox"/> Job Shadowing <input type="checkbox"/> Other (explain - attach additional documentation)	
	<input type="checkbox"/> Beginning <input type="checkbox"/> Intermediate	<input type="checkbox"/> Supervisor <input type="checkbox"/> Peer to Peer <input type="checkbox"/> Job Shadowing <input type="checkbox"/> Other (explain - attach additional documentation)	
	<input type="checkbox"/> Beginning <input type="checkbox"/> Intermediate	<input type="checkbox"/> Supervisor <input type="checkbox"/> Peer to Peer <input type="checkbox"/> Job Shadowing <input type="checkbox"/> Other (explain - attach additional documentation)	
	<input type="checkbox"/> Beginning <input type="checkbox"/> Intermediate	<input type="checkbox"/> Supervisor <input type="checkbox"/> Peer to Peer <input type="checkbox"/> Job Shadowing <input type="checkbox"/> Other (explain - attach additional documentation)	

Total Training Hours

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

Employer Signature Date

Trainee Signature Date

WIOA Service Provider Approval Date