



On-the-Job Training Employer Checklist

Information Items

1. Business Name, Address and Contact Information (a business card may be attached)

Name:

Address:

Contact Name:

2. How long have you been in business in this area?

Is the business being sold or merging with another company? Yes No

3. What is your chief product or service?

What is your NAICS Code?

(If company does not know, search for NAICS codes as <http://www.census.gov/cgi-bin/epcd/srchnaics02defs>)

4. How many full-time employees do you have?

How many new hires do you anticipate making in the next two (2) years?

What job titles/job descriptions will need to be filled? (Attach job descriptions if available)

5. Do you use a staffing agency? Yes No

If so, which one?

Please describe the relationship.

6. Are jobs expected to last a year or more in the normal course of business? Yes No

7. What skills will your current workers and new hires need to acquire to be fully productive?

8. Do you have sufficient equipment, materials and supervisory time and expertise to provide necessary training?

Yes No

9. What are your turnover patterns and causes and could we do anything to help lower turnover?

10. What licenses or entry qualifications do your workers need? (an attached job description may suffice)

11. How many hours per week are Trainees expected to work?

What are the expected shift times and days?

Name of **xXx** Organization • Address • Telephone Number • Fax Number



12. Do any jobs pay based upon commissions, tips, piece work or incentives? Yes No
Is there a base wage that commissions, tips, piece work or incentive pay is added to? Yes No
If yes to either of the above, what entry earnings may be expected for each job?

13. Which fringe benefits are provided to regular employees?
When are these benefits made available?

Assurances and Compliance Items

14. Do you have a payroll system which records all pay checks and amounts? Yes No
Can WorkSource verify wage payments quickly onsite? Yes No
If no to either, how will wages be verified for OJT payment?

15. What is your Workers' Compensation carrier (or an equivalent system)?
Will OJT trainees be covered? Yes No

16. Are any of the jobs considered for an OJT "independent contractors" or not employed by your firm during the entire training period? Yes No

17. Are any of these jobs covered by a collective bargaining agreement? Yes No
If so, obtain and attach a "concurrence letter" from the union(s).

18. Are any employees on layoff currently? Yes No

19. Are there any outstanding wage and hour, health and safety, or discrimination complaints or adverse decisions? Yes No

20. Has your company relocated from another area in the U.S. within the last 120 days, leaving any workers behind? Yes No

21. What percentage of previous Trainees referred by WorkSource, over the last two (2) years, have completed training and been retained by your firm? Number of OJTs; Number of employees retained; % retained. If the retention percentage is below 75%, what improvements are planned?

22. Do we have a W-9 form on file for your company? Yes No

I certify that the above information is, to the best of my knowledge, true and correct:

For the Employer:

For WorkSource:

Authorized Signature Date

Authorized Signature Date

Type/Print Name

Type/Print Name

Title

Title

Name of **xXx** Organization • Address • Telephone Number • Fax Number



On-the- Job Training Agreement

This On-the-Job Training (OJT) Agreement is between _____ (Employer) and WorkSource. Funding is made available to assist businesses in training and retaining a skilled, productive workforce.

This agreement is effective on _____ and shall remain in effect through **June 30, 2008** (one year after beginning date), or until all Training Plans initiated prior to June 30, 2008 are completed.

The Employer will be paid up to \$5,000 per Trainee or 50% of each Trainee's gross earning during the Training Period, **whichever is less**. One half of the total OJT payment will be paid when training is completed if the Trainee is still employed and is still expected to work at least thirty hours each week. The remainder of the payment will be made at the end of an additional Retention Period of three months. WorkSource staff must approve all Trainees and the Training Plans prior to the beginning of the training period. Payments may be requested on the day Training is completed and when the Retention Period is completed. Payments must be requested within thirty (30) calendar days after the end of the Training or Retention Period, using the OJT Invoice form. Late invoice submission may void payment rights. WorkSource staff will help prepare invoices.

OJT rules are on the reverse side of this agreement and are included by reference. The OJT Checklist and any Training Plans are also included in this agreement by reference. This agreement may be modified, in writing, at any time.

Material deviations from this agreement, Training Plans or OJT rules may void the right to reimbursement or require repayment by the Employer of funds previously received from WorkSource.

The Employer and WorkSource agree to all the terms in this OJT agreement by signing below.

FOR THE EMPLOYER:

FOR WORKSOURCE:

Company Name:

Name:

Address:

Address:

Authorized Signature

Date

Authorized Signature

Date

Printed Name and Title

Printed Name and Title

Contact Person and E-mail Address

Contact Person and E-mail Address

Phone No.

Phone No.

Name of **xXx** Organization ♦ Address ♦ Telephone Number ♦ Fax Number

OJT Rules

KEY PAYMENT DEFINITIONS

Training Completion: Training is complete when the Training Period is over and the Trainee meets the Employer's standard for each "skill to be learned" as shown in the Training Plan. WorkSource staff will help with training design and scoring.

Trainee Gross Pay: These are the amounts earned by the Trainee for work performed during the training period. Pay does not include fringe benefits which are not included in the pay check.

Retention Period: Retention occurs ninety (90) days after training completion, if the Trainee is still working at least thirty (30) hours per week.

Contact your WorkSource representative if a Trainee quits or gets fired. We will work with you to find a qualified replacement and prevent a reoccurrence. You may also qualify for partial or full payment.

APPLICABLE LAWS AND RULES

1. The Employer shall comply with all applicable Federal, State, and local laws, rules and regulations, which deal with or relate to employment, including but not limited to the Fair Labor Standards Act, as amended.
2. Training positions covered by this OJT agreement have not been created by relocating the business and displacing former employees within the last four (4) months.
3. The Employer has not been debarred, suspended, declared ineligible or voluntarily excluded from Federal contracting.
4. No Trainee shall be illegally discriminated against on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief, citizenship, or his or her status as a Trainee.
5. This OJT will not result in the displacement of employed workers nor impair existing contracts for services nor result in the substitution of Federal funds for other funds in connection with work that would otherwise be performed.
6. If the Employer has not established a grievance procedure regarding the terms and conditions of employment, the grievance procedure of the Southwest Washington Workforce Development Council will be utilized. The Employer shall inform Trainees of the grievance procedure to be followed.
7. The Employer shall notify WorkSource in writing prior to the sale, closure or transfer of its business. Failure to notify shall void the right to payment under this OJT agreement.

TRAINEES

1. Only those persons determined eligible by WorkSource will be trained under this OJT agreement.
2. No OJT Trainee may assist, promote or deter union organizing or engage in political activities during work hours.
3. OJT Trainees shall not be employed in the construction, operation or maintenance of any facility which is used for religious instruction or worship.
4. No OJT Trainee will be required or permitted to work or train in buildings or surroundings under working conditions which are unsanitary, hazardous or dangerous to the Trainee's health or safety.

TRAINEE WAGES AND BENEFITS

1. Hourly wages paid to a Trainee shall not be less than the hourly wage specified in the Training Plan.
2. Appropriate worker's compensation insurance protection will be provided to all Trainees.
3. Each Trainee shall be provided pay, benefits and working conditions at the same level and to the same extent as other employees similarly employed.

RECORDS

1. The Employer shall maintain, preserve and make available records to support OJT payments until seven (7) years after final payment under this OJT agreement. If any litigation, audit or claim has been initiated, the records will be maintained until a final determination has been made.
2. The Employer agrees that authorized representatives of WorkSource shall be given reasonable access to facilities and records.
3. The Employer will report OJT hires and terminations to WorkSource.

Name of **xXx** Organization ♦ Address ♦ Telephone Number ♦ Fax Number

CONTRACT TERMINATION

The performance of work under this contract may be terminated by WorkSource or the Employer for good cause or convenience.

Name of **xXx** Organization ♦ Address ♦ Telephone Number ♦ Fax Number

WorkSource is an equal opportunity employer and provider of employment and training services.
Auxiliary aids and services are available upon request to persons with disabilities.

OJT Agreement No.:
 Training Plan No.:



On-the-Job Training Plan

Employer Name:

Trainee's Supervisor Name:

Employee/Trainee Name:

Phone No.:

Position Title:

E-mail:

O-Net Code:

Training Period: to

Wage per hour: \$

Hrs/week:

Date Hired:

Date Determined Eligible:

Maximum Obligation \$

Amount for Training Payment \$

Amount for Retention Payment \$

Is the trainee a: Current Employee?

New Hire?

SKILLS TO BE LEARNED:	Starting Capability: Date Scored:	Ending Capability: Date Scored:
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Date: <input type="checkbox"/> 3 <input type="checkbox"/> Not Met
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Date: <input type="checkbox"/> 3 <input type="checkbox"/> Not Met
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Date: <input type="checkbox"/> 3 <input type="checkbox"/> Not Met
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Date: <input type="checkbox"/> 3 <input type="checkbox"/> Not Met
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Date: <input type="checkbox"/> 3 <input type="checkbox"/> Not Met
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Date: <input type="checkbox"/> 3 <input type="checkbox"/> Not Met

Funding for training is authorized when OJT Training Plans are signed below by the Employer, WorkSource staff, and the Trainee. All On-the-Job Training Agreement terms, conditions and OJT Rules, plus the Training Plan Instructions, apply to this Training Plan.

Approved by the Employer:

Approved by WorkSource:

Approved by the Trainee:

 Authorized Signature
 Date

 Authorized Signature
 Date

 Authorized Signature
 Date

Type/Print Name
 Title

Type/Print Name
 Title

Type/Print Name
 Title

Name of **xXx** Organization ♦ Address ♦ Telephone Number ♦ Fax Number

TRAINING PLAN INFORMATION AND INSTRUCTIONS

Training Plans are used to outline the specific skill requirements for an employer-based training program. They are also used as the assessment tool to document which skills the Trainee lacks at the start of training and to measure skill attainment during the course of training.

SKILL REQUIREMENTS: List the skills needed to perform the job to the standards specified by the Employer. Skills should be stated as specifically and briefly as possible, identifying the skill to be learned.

TRAINEE'S STARTING CAPABILITY: Used to assess the Trainee's skill level near the beginning of the training period and to document skill deficiencies which will be addressed through training. Record the date of the "Starting Capability" assessment. **The "Starting" and "Ending Capability" scores are based upon an interview with the Trainee's Supervisor or by utilizing another skill assessment method used by the Employer.**

TRAINEE'S ENDING CAPABILITY: Record the date on which the "Ending Capability" assessment is made and the skill level which has been obtained using the following rating scale:

- | | |
|-----------------|---|
| 1. Beginning | Can do only simple parts of the task. |
| 2. Intermediate | Can do most parts of the task. |
| 3. Skilled | Meets the Employer's standard for the task. |

TRAINING COMPLETION: When each skill to be learned on the Training Plan is scored a "3", "skilled", and the Training Period has ended, training is complete.

TRAINING LENGTH:

- A. The WorkSource representative, working with the Employer, determines the job title for the position to be trained for, referencing the Occupational Network (O-Net).
- B. From O-Net, SVP parameters are obtained. It is within these parameters that the length of training is set.
- C. The WorkSource representative shall consider the training needs of each participant.
- D. An OJT must be limited to the period of time required for a participant to become proficient in the occupation for which training is being provided. In determining the appropriate length of the contract, consideration must be given to the skill requirements of the occupation, the academic and occupational skill level of the participant, prior work experience, and the participant's individual employment plan [WIA§101(31)(c)].
- E. No OJT will be written with a Training Period of less than four weeks or more than 26 weeks. Exceptions may be made on a case by case basis.

Name of **xxX** Organization ♦ Address ♦ Telephone Number ♦ Fax Number

OJT Agreement No.:
Training Plan No.:



On-the-Job Training Supplemental Training Plan

The Employer, WorkSource staff, and the Trainee agree to the following supplemental training described below:

Supplementary Training Times, Place and Dates:

Supplementary Training Costs to Be Paid:

By the Employer: \$

Describe:

Paid by WorkSource: \$

Describe:

Paid by the Trainee: \$

Describe:

By signing below, all parties agree to the cost payment plan outlined above. The Trainee agrees to participate in and make progress in the supplemental training; the Employer agrees to reasonably facilitate and support training completion; and WorkSource agrees to facilitate and support training start-up and completion.

Approved by the Employer:

Approved by WorkSource:

Approved by the Trainee:

Authorized Signature

Date

Authorized Signature

Date

Authorized Signature

Date

Type/Print Name

Type/Print Name

Type/Print Name

Title

Title

Title

Name of **xXx** Organization ♦ Address ♦ Telephone Number ♦ Fax Number

WorkSource is an equal opportunity employer and provider of employment and training services.
Auxiliary aids and services are available upon request to persons with disabilities.



On-the-Job Training Exception Request

Employer Name:

Employee/Trainee Name:

Position Title:

O-Net Code:

Training Period: to

Wage per hour: \$

Hrs/week:

Date Hired:

Date Determined Eligible:

Maximum Obligation \$
 Amount for Training Payment \$
 Amount for Retention Payment \$
 Is the trainee a: Current Employee?
 New Hire?

Training Plan Exceptions	
<input type="checkbox"/>	The training period exceeds 26 weeks or is less than 4 weeks or starting wage is less than \$9 per hour.
<input type="checkbox"/>	A current employee trainee will not achieve a wage gain of 50 cents per hour or more, and no upgrade and/or "backfill" is expected.
<input type="checkbox"/>	Other – please describe:
Describe Training Plan Exception Justification	
Payment Exceptions	
<input type="checkbox"/>	The Trainee is not expected to be fully skilled (all "3"s on the Ending Capability score) at the end of the Training Period, but substantial training has occurred and the Trainee is expected to be retained and trained further by the Employer.
<input type="checkbox"/>	The Employer did a good job of training but may not qualify for all or part of the OJT reimbursement because the Trainee quit or was fired for cause.
<input type="checkbox"/>	Other – please describe:
Describe Payment Exception Justification	

WorkSource Staff Signature: _____
 Date:

Type/Print Name:
 Title:

Submit completed Exception Request to the SWWDC for approval

Name of xXx Organization ♦ Address ♦ Telephone Number ♦ Fax Number

OJT Agreement No.:
Training Plan No.:
Modification No.:
Modification Effective Date:



On-the-Job Training Plan Modification

This modification is effective on _____ and changes the terms of the above numbered OJT Training Plan as follows:

- The Training Period is extended to _____ .
- The maximum obligation has changed to \$ _____ .
- The original Training Plan "Skills to be Learned" is changed, and the revised Plan is attached.
- A new, additional Training Plan has been adopted adding additional skills to be learned for an upgraded position. The new Training Plan is attached.

Other terms and conditions have been changed as follows:

Agreed to by signing below:

Approved by the Employer:

Approved by WorkSource:

Approved by the Trainee:

Authorized Signature
Date

Authorized Signature
Date

Authorized Signature
Date

Type/Print Name

Type/Print Name

Type/Print Name

Title

Title

Name of **xXx** Organization ♦ Address ♦ Telephone Number ♦ Fax Number

WorkSource is an equal opportunity employer and provider of employment and training services.
Auxiliary aids and services are available upon request to persons with disabilities.

OJT Agreement No.:
Training Plan No.:



On-the-Job Training Invoice
Training Period

Employer Name	Employer Address
Trainee Name:	
Training Period:	Begin Date and End Date

Training Invoice Date	
Please submit invoice within 30 days of the Training Period end date	
Gross Wages	
Gross wages are the wages paid to Trainee for work performed during the Training Period	\$
Training Payment Requested	
Payment requested is equal to one-fourth of the Gross Wages amount or \$2,500, whichever is less	\$

I certify that the above-named Trainee has completed Training, is still employed, is expected to work at least thirty (30) hours each week, and has been paid the gross wages owed and listed above.

Employer Signature: _____

Date:

Type/Print Name:

Title:

Name of **xXx** Organization ♦ Address ♦ Telephone Number ♦ Fax Number

WorkSource is an equal opportunity employer and provider of employment and training services.
Auxiliary aids and services are available upon request to persons with disabilities.