**ON-THE-JOB TRAINING PLAN**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Trainee Information** | |  | **Worksite Information** | | | |
| Participant’s Name: |  |  | Company Name: |  | | |
| Job Title: |  | Location: |  | | |
| SOC Code: |  | Supervisor’s Name: |  | | |
| Length Of Training: | *Hours* | Phone Number: |  | | |
| Email Address: |  | | |
| Start Date: |  | Reimbursement Rate: | % | Hourly Wage: | *$* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Training Reimbursement** | | | | | | |
| **Total OJT Training Hours:** |  | **Hourly Wage:** |  | **Reimbursement Rate** |  | **Total OJT Amount to be Reimbursed** |
|  | **x** |  | **x** | **%** | **=** | **$** |

|  |
| --- |
| **Is the Trainee’s immediate family engaged in an administrative capacity for the Employer or will they directly supervise the Trainee?** *(Immediate family is the Trainee’s spouse, children, parents, grandparents, grandchildren, siblings, or persons in the same relationship to their spouse)*  Yes  No |
| **Has the Trainee worked for this employer at any time in the past?**  Yes  No |
| **Will you be providing classroom training to the trainee?**  Yes  No |
| *If yes, identify the classroom training needed specifically for the trainee and the estimated cost.* |

**SIGNATURES**

Funding for training is authorized when the employer, career planner, participant, and the union representative (if applicable) signs this OJT Training Plan. All on-the-job training agreement terms, conditions, and assurances apply to this training plan.

Participant Date

Employer Representative Title Date

Career Planner Date

Regional Manager Date

Collective Bargaining Agent’s Signature Title Date

**Trainee Skill Gaps:** Identify the skills the trainee does not currently possess, but needs in order to become proficient in the job.

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The columns labeled **Training Tasks** and **Training Method** will be completed at the time of hire, while the columns labeled **Attainment of a Skill** and **Supervisor’s Initials** will be completed at the end of the On-the-Job Training and should be submitted with the reimbursement request.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Training Tasks to Obtain Skills Needed** | | **Training Method** | **Attainment of Skill** | **Supervisor’s Initials & Date** |
|  | |  | Yes  No |  |
|  | |  | Yes  No |  |
|  | |  | Yes  No |  |
|  | |  | Yes  No |  |
|  | |  | Yes  No |  |
|  | |  | Yes  No |  |
|  | |  | Yes  No |  |
|  | |  | Yes  No |  |
|  | |  | Yes  No |  |
|  | |  | Yes  No |  |
|  | |  | Yes  No |  |
|  | |  | Yes  No |  |
|  | |  | Yes  No |  |
|  | |  | Yes  No |  |
|  | |  | Yes  No |  |
|  | |  | Yes  No |  |
| **Training Methods** | **Description** | | | |
| Demonstration (D) | Trainer demonstrates how to perform task. | | | |
| Supported Practice (SP) | Trainer works with the trainee and/or watches the trainee practice task | | | |
| Independent Work (IW) | Trainee works alone and trainer checks the final product | | | |
| Resources (R) | Trainee uses charts, manuals, seminars, etc. | | | |
| Other – Specify (O) |  | | | |