**CUSTOMIZED TRAINING PLAN/ REIMBURSEMENT INVOICE**

|  |  |
| --- | --- |
| **Employer:** |       |
| **Participant:** |       |
| **Occupation:** |       |
| **Training Method:** |       |
| **Length of Training:** |       |

**Employer’s Share**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Total Allowable Costs:** |  | **Employer’s Portion:** |  |  | **Employer’s Share** |
|       | **x** |       **%** |  | **=** | **$**       |

**Reimbursement Total**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Total Allowable Costs:** |  | **Employer’s Share:** |  |  | **Maximum Reimbursement Amount** |
|       | **-** |        |  | **=** | **$**       |

**SIGNATURES**

Funding for training expenses is authorized when the employer and regional manager this CT Training Plan. All CT training agreement terms, conditions, and assurances apply to this training plan.

Employer Representative Title Date

Regional Manager Date

Collective Bargaining Agent’s Signature Title Date

**Trainee Skill Gaps:** Identify the skills the trainees do not currently possess, but need in order to become proficient in the job.

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The columns labeled **Work Elements** 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 Customized Training and should be submitted with the reimbursement invoice.

|  |  |  |  |
| --- | --- | --- | --- |
| **Work elements, skills, duties, or tasks for which training will be provided.** | **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 |  |
| **Training Methods** | **Description** |
| Classroom Training (CT) | Training provided through a traditional classroom setting |
| Laboratory Training (LT) | Training provided with hands-on instruction under direct guidance of a qualified trainer |
| Electronic Training (ET) | Training provided through a computer program through video conferences that are live or interactive |
| Other- Specify (O) | Training provided through a means customized by the employer |

|  |
| --- |
| **Itemization of Actual Costs Incurred for Training** |
| Direct Staff/ Instructor Time: | $       |
| Training Materials/ Curriculum: | $       |
| Other: | $       |
| **Total Cost of Training:** | $       **-** |
| Employer’s Share: |        **=** |
| **Amount of Reimbursement:** | $       |

I certify that the above training was provided and recorded costs are actual. The above information is accurate to the best of my knowledge. All receipts/ invoices are included.

Employer Representative Title Date