INCUMBENT WORKER TRAINING OUTLINE

Job Description/Title _____ Occupational Code _____

Training Institution: _____

Employer Name _____

Employer Supervisor _____ Title _____

Trainee Name: _____ (If Multiple Trainees' attach list)

TRAINING COMPONENT	A	B	C

A – Total training hours to be provided during the contract for specified task (must equal total OJT hours)

B – Evaluation Method: **S = Supervisor Review T = Testing P = Productivity O = Other** _____

C – Training Method: **D = Demonstration C = Classroom O = Other** _____

Objective(s) of training: ☐ to obtain proficiency in tasks listed above ☐ to be retained by the employer after the training period.

☐ other _____

I have reviewed and been provided a copy of this training outline.

Trainee's Signature: _____ Date: _____

Employer's Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____

Created June, 2006