

ON-THE-JOB TRAINING CONTRACT

I. CONTRACT INFORMATION

Program Title _____ Case Manager _____
Grantor Name _____
Grantor Address _____
Grantor Phone _____
Trainee Name _____
Trainee SSN _____
Training Occupation _____
Beginning Date _____ Ending Date _____

Trainee Wage Per Hour	\$ _____
OJT Reimbursement Rate	_____ %
Total Contracted Hours	_____
Total Not to Exceed	\$ _____

II. EMPLOYER AND TRAINING INFORMATION

Employer Name _____
Employer Address _____
Employer Phone _____ Employer Tax ID Number _____
Training Location _____
Training Supervisor _____ Title _____
Alternate Supervisor _____ Title _____
Number of Permanent/Full-Time Employees _____ Number of Current OJT Trainees _____
Employer's Normal Work Week: _____ thru _____ from _____ AM/PM to _____ AM/PM
Payroll Information: Weekly Bi-Weekly Semi-monthly Monthly
Benefits Information: _____

Orientation/Training Normally Provided by Employer _____

Employer Type:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Un-Inc. Association	<input type="checkbox"/> Partnership	<input type="checkbox"/>
Labor Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Public Agency	<input type="checkbox"/> Consortium
	Commission	Sole Proprietorship		

III. CONTRACT SIGNATURES

The employer agrees to:

1. Provide benefits and working conditions at the same level and to the same extent as other trainees or employees working a similar length of time and doing the same work;
2. Provide the training as specified in the attached OJT Training Outline
3. Be responsible for keeping accurate time sheets and attendance of each participant under your supervision and timely transmittal of time sheets to the WIA Case Manager. Unworked hours or recreational activities are not to be reported for payment to the participant (includes vacation, personal leave and/or sick leave). Overtime is not reimbursed.
4. Retain the participant at the end of the training period provided the participant achieved satisfactory or better job performance evaluations during the training period. Successful completion is to be documented with final training evaluation;
5. Provide worker's compensation coverage and contribute to unemployment insurance for the participant;
6. Communicate to the WIA representative any issues surrounding the performance of the participant in order to allow for intervention and additional training if necessary to ensure successful completion; and
7. Comply with all applicable laws, ordinances, codes of State, Federal, and local government as well as any special provisions pertaining to the WIA regulations; to be monitored by State, Federal, and Local Area Representatives.

The employer attests that:

1. The company has not experienced any permanent layoffs in the past twelve (12) months; if the company has experienced lay-offs this OJT will divert additional layoffs from occurring.
2. No current employee(s) have been displaced, experienced a reduction in hours or denied promotional opportunities as a result of entering into this On-the-Job Training contract.
3. Funds provided will not be used to directly or indirectly assist, promote or deter union organizing and is in accordance with any collective bargaining agreements that may apply.
4. The company has operated in its current location for 120 calendar days; and that the
5. Participant is not a member of the employer or its representative's immediate family.

Local Area I agrees to:

1. Reimburse the employer _____% of the participants wage for a maximum period of _____ weeks in order to compensate for the extraordinary costs associated with training the participant and the costs associated with the lower productivity of the participant. Actual hours worked will be reimbursed on a monthly basis;
2. Provide the employer and the participant with adequate orientation to the program;
3. Provide additional training if required to ensure successful completion and if within the Local Area I training policies and processes; and
4. Maintain consistent contact with both the employer and participant;

The Parties hereby agree to operate this OJT Program in accordance with all Provisions and Attachments as listed and incorporated herein.

AUTHORIZED FOR THE EMPLOYER:

AUTHORIZED FOR THE GRANTOR:

Signature Date

Signature Date

Name Title

Name Title