

**CENTRAL WORKFORCE BOARD
OJT Pre-Award Checklist**

Attachment A

Employer Information

EMPLOYER LEGAL BUSINESS NAME:		FEIN #:
FORMER NAME(S) UNDER WHICH EMPLOYER CONDUCTED BUSINESS:		
CONTACT PERSON:		TITLE:
EMPLOYER ADDRESS:		
CITY:	STATE:	ZIP:
TELEPHONE:	EMAIL:	FAX:
TYPE OF ORGANIZATION: INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY CORPORATION <input type="checkbox"/> FOR PROFIT <input type="checkbox"/> CORPORATION <input type="checkbox"/>		
COMPANY NAICS CODE:	# OF CURRENT EMPLOYEES:	YEARS IN EXISTENCE:
IS THE BUSINESS BEING SOLD OR MERGING WITH ANOTHER COMPANY? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company Review

1) WARN notices have previously been filed.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2) The company has exhibited a pattern of failing to provide OJT Trainees with continued long-term employment.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Meeting Federal Criteria

3) Company verifies WIOA funds will not be used to relocate operations in whole or in part.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4) Company has operated at current location for at least 120 days. a. If less than 120 days and the business relocated from another area in the U.S and individual(s), were employees laid off at the previous location as a result of the relocation?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
5) Company commits to providing long-term employment for successful OJT Trainees.	Yes <input type="checkbox"/> No <input type="checkbox"/>
6) OJT funds will not be used to directly or indirectly assist, promote or deter union organizing.	Agree <input type="checkbox"/> Disagree <input type="checkbox"/>
7) The OJT will not result in the full or partial displacement of employed workers.	Agree <input type="checkbox"/> Disagree <input type="checkbox"/>
8) Trainee wages to be paid are at least equal to: a) The Federal, state or local minimum wage (Fair Labor Standards Act). b) Other employees in the same occupation with similar experience.	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
9) Trainees will be provided the same workers' compensation, health insurance, unemployment insurance, retirement benefits, etc. as regular, non-OJT employees. a. Worker's Compensation Company: _____ b. Account #: _____ c. Effective Dates: _____ to _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
10) The employer will comply with the non-discrimination and equal opportunity provisions of the Workforce Innovation & Opportunity Act and its regulations.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Job Title _____ **Hourly Wage** _____

COWIB is an Equal Opportunity Employer/ Program. Auxiliary aids and services are available upon request to individuals with disabilities. This was financed in whole or in part by fund from the US Dept. of Labor as administered by the Oklahoma Office of Workforce Development.

Pre-Award Review Form

No funds provided under the Workforce Innovation and Opportunity Act (WIOA) shall be used, or proposed to be used, for the encouragement or inducement of a business, or a part of business, to relocate from any location in the United States, if the relocation results in any employee losing his or her job at the original location.

No funds provided under the WIOA shall be used, or proposed to be used, for training for a business or part of a business that has relocated from any location in the United States, until the company has operated at that location for 120 days, if the relocation has resulted in any employee losing his/her job at the original location.

The purpose of this review is to determine whether a business establishment is new or expanding and if there is any relation to a loss of employment in another geographic area. The pre-award review is completed and documented jointly by the Local Workforce Board’s designee and the business establishment as a prerequisite to receiving WIOA Title I assistance.

List any name(s) under which this establishment does business (including predecessors and successors in interest).	
The name, title, and address of the company official certifying this information is:	Name:
	Title:
	Address:

I, the Employer, attest WIOA assistance is not being sought in connection with any past or impending job losses at other facilities and I am requesting WIOA assistance to be used for On-the-Job Training.

I, the Employer, attest there have not been any WARN notices filed.

I, the Employer, attest there have not been any wage and hour or child labor violations during the past 12 month period.

I, the Employer, attest that the OJT activity will not impair an existing contract for services or collective bargaining agreement, and that no such activity that would be inconsistent with the terms of a collective bargaining agreement will be undertaken without the written concurrence of the labor organization and the employer concerned.

I, the Employer, attest that there is not a failure to provide WIOA enrolled training participants with continued long-term employment with wages, benefits, and working conditions equal to that of regular employees doing similar work for a similar length of time.

I, the Employer, attest that as of this date we currently employ _____ employees.

I, the Employer, attest our Workers’ Compensation policy is current. (Upon execution of the Contract – the WIOA representative must obtain a copy confirming policy will be in effect during training period).

COWIB OJT Policy

As the authorized official of _____
(Name of Employer)

I certify that the WIOA Pre-Award Review information set forth above is true and accurate.

As the employer and authorized official, I agree to defend, indemnify, and save the state of Oklahoma, the Local Workforce Investment Board, and the reviewing entity harmless from and against any and all liability, loss, damage, cost, and expense, including court costs and attorney fees (whether or not litigation be commenced), of whatever nature or type, including WIOA disallowed costs, that the State or LWIB may suffer, incur or be required to pay, which result from _____ (Name of Employer) failure to provide accurate information in response to the WIOA Pre-Award Review.

Authorized Employer's Representative Name

Title

Signature

Date

This WIOA Pre-Award Review was conducted by _____, in accordance with WIOA State Policy on _____
(Date)

Neither the State of Oklahoma, any Local Workforce Board, nor other designated entity conducting the review, shall be legally liable regarding the responses provided during the conduct of this review.

Reviewer's Signature

Reviewer's Title

Date

Based upon this review, WIOA Title I assistance to this establishment is: _____.
(Approved/Disapproved)

Signature

Title

Date

CENTRAL OKLAHOMA WORKFORCE BOARD

OJT Employer Orientation

Company Name: _____ Telephone Number: _____
Address: _____

Supervisor: _____ Telephone Number: _____
Alternate Supervisor: _____ Telephone Number: _____

Acknowledgement of Orientation

This is to certify that I have received and understand the rules, regulations, and instructions pertaining to On-the-Job Training.

Supervisor Signature

Date

Alternate Supervisor Signature (if applicable)

Date

WIOA Representative Signature

Date

OJT Training Plan

OJT Contract No: _____

Contact and OJT Information

EMPLOYER NAME:	CONTACT PERSON:	TELEPHONE #:
TRAINEE NAME:	EMAIL:	TELEPHONE #:
BEGINNING DATE:	END DATE:	TOTAL TRAINING HOURS:
HOURLY WAGE RATE:	REIMBURSEMENT RATE: 50%	MAXIMUM REIMBURSEMENT:

Occupational Training Information

Complete the occupational information, training outline, trainee's current skill level, and estimated training time for each skill.

JOB TITLE:	O*NET SOC	HOURS/WEEK:
JOB DESCRIPTION:		
TRAINING PLAN/SKILLS REQUIRED	ESTIMATED TRAINING HOURS	STARTING CAPABILITY DATE MEASURED:
1. JOB SKILL NEEDED:	ESTIMATED TRAINING HOURS	NOT SKILLED: <input type="checkbox"/> SOME SKILL: <input type="checkbox"/> SKILLED: <input type="checkbox"/>
2. JOB SKILL NEEDED:	ESTIMATED TRAINING HOURS	NOT SKILLED: <input type="checkbox"/> SOME SKILL: <input type="checkbox"/> SKILLED: <input type="checkbox"/>
3. JOB SKILL NEEDED:	ESTIMATED TRAINING HOURS	NOT SKILLED: <input type="checkbox"/> SOME SKILL: <input type="checkbox"/> SKILLED: <input type="checkbox"/>
4. JOB SKILL NEEDED:	ESTIMATED TRAINING HOURS	NOT SKILLED: <input type="checkbox"/> SOME SKILL: <input type="checkbox"/> SKILLED: <input type="checkbox"/>
5. JOB SKILL NEEDED:	ESTIMATED TRAINING HOURS	NOT SKILLED: <input type="checkbox"/> SOME SKILL: <input type="checkbox"/> SKILLED: <input type="checkbox"/>
LIST SUPPLIES AND TOOLS NEEDED FOR TRAINING: N/A		

Authorized Signatures

All parties agree to provide or obtain training for the skills outlined in this Training Plan.

Employer Signature

Date

Participant Signature

Date

WIOA Representative Signature

Date

TRAINING PLAN INFORMATION AND INSTRUCTIONS

Training Plans are used to outline the specific skill requirements for on-the-job training (OJT). They are also used as the assessment tool to document which skills the Trainee lacks at the start of the training and to measure skill attainment during the course of the training.

Job Description:

A job description may be obtained from the Employer or the OJT Provider may assist the employer in writing a job description, thus providing a “value-added” for the employer. For assistance in writing a job description you may use the tasks and activities provided at the CareerOneStop Job Description Writer (<http://www.careerinfonet.org/jobwriter/>). Please modify these descriptions to be specific to employer’s needs for the occupation.

Skill Requirements:

List the skills needed to perform the job to the standards specified by the Employer. Record skills as specifically and briefly as possible. For assistance in writing skill requirements you may use the tasks and activities provided at O*NET OnLine (<http://online.onetcenter.org>). Please modify these skills to be specific to employer’s needs for the occupation. (Type of tools or software used)

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. The skills gap can be addressed in the list of “Skills To Be Learned”. 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

Training Length:

- a) The OJT Provider, working with the Employer, determines the job title for the position to be trained for, referencing O*NET OnLine (<http://online.onetcenter.org>).
- b) From O*NET OnLine, Job Zone/SVP parameters are obtained. Use these parameters as a beginning guide to determine the length of training.
- c) The OJT Provider considers the trainee’s past work experience, knowledge, and skills gap to assist in determining the length of training.
- d) An OJT contract must be limited to the period of time required for a participant to become proficient in the occupation for which the training is being provided. In determining the appropriate length of the contract, consideration should 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. (WIOA sec. 101 (31) (C).)

It may be necessary to deviate from the training schedule, depending on the trainee’s ability to gain and retain knowledge of the various tasks within the occupation. If there is disruption of the planned training period through no fault of the trainee or the employer, provide modifications in writing with the Training Plan Modification Template.

ON-THE-JOB TRAINING CONTRACT

Contract No: _____

Funding Source _____

Participant Information	Employer Information
Name: _____	Company Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____
OKJobMatch ID: _____	FEIN or UBI: _____
Training Job Title: _____	NAICS CODE: _____
O*NET Code: _____	Email: _____

A. Training Location and Supervisor

Training Facility Location: _____

OJT Supervisor: _____

Title: _____ Phone Number: _____

B. Alternate Supervisor

OJT Alternate Supervisor: _____

Title: _____ Phone Number: _____

C. Training Schedule and Cost

On-Site Training	
Number Hours per Day: _____	Start Date: _____
Number Hours per Week: _____	End Date: _____
Number of Weeks: _____	Total Hours of Training: _____
Total Number of Hours: _____	

Starting Hourly Wage: \$ _____ Ending Hourly Wage: \$ _____ Reimbursement Rate: 50%

On-Site Training Cost:

On site hours	Hourly Rate	Reimbursement Rate	=Total On-Site Training Cost
---------------	-------------	--------------------	------------------------------

Maximum allowable costs of Training \$ _____

On-the-Job Training Terms and Conditions

H. Standards

Training

1. The OJT Contract must be completed and signed before the OJT employee starts the OJT.
2. The employer shall provide the training prescribed in OJT Training Plan and complete the evaluations and/or training progress forms that are provided. The OJT employee shall be the employer's employee, shall be on the employer's payroll, shall be entitled to the same consideration and shall be governed by the same policies as other employees. The employer shall extend to the OJT employee all of the entitled benefits offered all employees of the employer. The OJT employee must be provided with the same terms of employment, working conditions, wages and fringe benefits provided to other employees in the same or similar positions.
3. The employer must collaborate in the development of a training plan for the OJT employee that includes competencies needed to be satisfactorily skilled in the OJT position. These competencies will be listed in the OJT Training Plan. The employer will complete an evaluation to document competencies gained.
4. The employer certifies that this is not a temporary job. The OJT employee shall be continued by the employer in unsubsidized employment upon completion of the OJT period, based upon satisfactory job performance by the OJT employee.
5. The employer will provide an orientation to the OJT employee that covers the employer's rules, expectations, safety information and benefits.

Fiscal

1. The fiscal agent for Central Oklahoma Workforce Innovation Board shall reimburse the employer on a **monthly** basis in an amount not to exceed the maximum training reimbursement. Reimbursable wages shall not include undocumented payments to the OJT employee. **No reimbursement shall be made** for work performed outside of the term of the Contract, or during periods of work stoppages, fringe benefits which include paid holidays, sick leave or vacation leave. Overtime hours in excess of 40 hours per week shall be reimbursed at the regular rate of pay. The employer must pay the overtime rate in excess of the regular rate in full. Orientation which is provided to all new employees is not reimbursable; only orientation specific to the training plan may be reimbursed.
2. The OJT employer agrees to maintain adequate time and attendance, payroll, and other records to support amounts reimbursed under the OJT Contract. Wages must be paid by check or direct deposit. Reimbursement time sheets must be signed, in ink, by both the employer and the OJT employee and must be submitted according to the Contract agreement. Inaccurate or incomplete timesheets or timesheets submitted more than thirty (30) days after the end of the training period may not be honored, at the sole discretion of the fiscal agent. Copies of the timesheet(s) are to be maintained along with a copy of the OJT Contract.
3. All reimbursement requests submitted by the employer shall be supported by business receipts, time and payroll records, and other records normally kept by the employer.
4. The employer shall preserve all OJT employee payroll records, fringe benefits and personnel records for three (3) years after the end of the training period, or longer if any litigation or audit is begun or any claim is instituted which involves these records. The employer shall retain the records beyond the three (3) year period until the litigation, audit findings or claim has been resolved.
5. The employer agrees that at any time during normal business hours, and as often as deemed necessary, the Central Oklahoma Workforce Innovation Board staff, State of Oklahoma, U.S. Department of Labor, or other authorized Federal agencies or their agents may inspect and monitor any records or activities pertaining to this Contract. Such inspection shall be made to determine if the employer is in compliance with the terms and provisions of this Contract and if the OJT employee is making sufficient progress.

COWIB OJT Policy

6. Wages are monies paid by the employer to an OJT participant for work the OJT participant performs. Tips, commissions, and piece work are not considered wages and are not eligible for reimbursement.

Employer Assurances

1. The employer shall provide worker's compensation coverage for the OJT employee and assures that the training shall be provided in accordance with WIOA.
2. Employer agrees not to discriminate in their hiring or employment practices and to comply with the Civil Rights Act of 1964, as amended, the Age Discrimination Act of 1975, as amended, Section 504 of the Rehabilitation Act of 1973, as amended, and the American with Disabilities Act of 1990, as amended.
3. Employer agrees to adhere to the Central Oklahoma Workforce Innovation Board's (COWIB) grievance procedures if a complaint arises in connection with the OJT employee and the training.
4. The employer agrees that the OJT employee shall not be terminated from training without giving prior notice to the WIOA Representative that signed the OJT Contract and reasonable opportunity is given for correction or improvement of performance. The employer also agrees that it will immediately notify the WIOA Representative if the OJT employee has an attendance or disciplinary problem or has demonstrated an inability to perform in accordance with the training outline contained in the Contract. The employer understands that the termination of an OJT participant is subject to the Board's grievance procedures.
5. Employer will comply with Federal and State laws governing the OJT Program.
6. The employer further assures that OJT funds will not be used to assist, promote or deter union organizing.
7. The employer assures that the OJT employee(s) will not be employed to carry out the construction, operation or maintenance of any part of a facility that is used or to be used for sectarian instruction or as a place for religious worship.
8. The employer assures that the OJT employee will not be required to participate in political activities.
9. No fees shall be charged to any OJT employee or employer for referral or placement services relative to this OJT Contract.
10. The employer certifies that no member of the OJT employee's immediate family is engaged in an administrative capacity for the employer, or will directly supervise the OJT employee. For the purpose of this Contract, immediate family is defined as spouse, children, parents, grandparents, grandchildren, brothers, sisters or person bearing the same relationship to the OJT employee's spouse.
11. Employer has not exerted any undue influence or engaged in conduct which would constitute a conflict of interest or the appearance of a conflict of interest in order to be awarded the funds under this Contract.
12. The employer assures they are not involved in a strike, lockout or other unusual labor condition.
13. Employer agrees to comply with all applicable local, state and/or federal laws and ordinances. The employer assures that they have not violated any of the following within the last three years: a) antidiscrimination in its employment practices or delivery of services or other activities on the grounds of race, color, religion, national origin, age, sex, marital status, veteran status, sexual orientation, or the presence of any sensory, mental or physical disability.

Additional Terms

1. Either party may terminate this Contract at any time by giving ten (10) day advance written, signed notice of intent to terminate to the other party. In the event the participant is terminated without notice (through no fault of the employer), or the participant fails to report without giving notice, notice of termination must be provided to the Board immediately.
2. Central Oklahoma Workforce Innovation Board may terminate this Contract if:
 - The State or Federal Government terminates or reduces the funding which makes this Contract possible;
 - The employer has violated the terms and conditions of this agreement; or
 - The employer does not retain at least 80% of the OJT participants hired within a 12-month period.
3. This Contract may be amended by the mutual written agreement of the parties. All amendments shall be signed by both

COWIB is an Equal Opportunity Employer/ Program. Auxiliary aids and services are available upon request to individuals with disabilities. This was financed in whole or in part by fund from the US Dept. of Labor as administered by the Oklahoma Office of Workforce Development.

COWIB OJT Policy

parties prior to the start date of the amendment and must be attached to the Contract.

4. WIOA Representative may unilaterally amend this Contract if there are changes in Federal, State or Local Laws, rules, regulations, or policies.
5. This Contract has been and shall be construed as having been made and delivered within the State of Oklahoma and it is agreed by each party hereto that the laws of the State of Oklahoma, both as to interpretation and performance, shall govern this Contract. Any action of law, suit in equity, or judicial proceeding for the enforcement of this contract or any provision thereof shall be instituted and maintained only in any of the courts of competent jurisdiction in the State of Oklahoma.
6. The employer agrees that no currently employed worker shall be displaced by the OJT employee including a partial displacement such as a reduction in the hours, wages, or employment benefits. The employer also agrees that no OJT employee shall be placed into a position that is currently vacated by an employee who is on layoff or into a position in which the employer has terminated the employment of an employee with the intention of filling the position with an OJT employee. The employer further agrees that this Contract does not infringe in any way upon the promotional opportunities of current employees not involved in the OJT training.
7. No fees shall be charged to any OJT employee or employer for referral or placement services relative to this OJT Contract.
8. All services to be rendered or performed by the employer under this Contract shall be performed or rendered entirely at the employer's own risk. The employer expressly agrees to indemnify and hold harmless the Workforce Board, its officers, agents, contractors, employees or otherwise, from any and all liability, loss or damage, including reasonable cost of defense that they may suffer as the result of claims, demands, actions, or damages to any and all persons or property, costs or judgments against the Workforce Board which result from, arise out of, or are in any way connected with the services to be performed by the employer under this Contract.

I. Employer Certification

I certify to the best of my knowledge that this information is true and correct and that I intend to **pay 50 %** of the participant's wages during training and retain the participant at the end of the subsidized training period if satisfactory performance is maintained. I am also aware of my responsibilities as stated in this Individual On-the-Job Training Contract.

Authorized Employer Representative Signature

Date

Title

Phone Number

J. Agency Certification

A legitimate need for training and reasonable expectation of continued employment for the participant indicated on this Individual OJT Contract has been established by Central Oklahoma Workforce Innovation Board. Therefore, this OJT Contract is approved.

Authorized WIOA Representative Signature

Date

On-The-Job Training Agreement Modification

Contractor: _____

Agreement Number: _____

Effective Date: _____

Funding Source: _____

Modification Date: _____

Modification Number: _____

PURPOSE OF MODIFICATION

REASON FOR DEOBLIGATION

Contractor

Date

WIOA Service Provider Representative

Date

OJT Training Plan Review and Evaluation

Employer:		Contract No.:		Review Date:	
Trainee:		Job Title:		Start Date:	
Current Status of Trainee:	<input type="checkbox"/> still in training <input type="checkbox"/> completed, still employed <input type="checkbox"/> voluntarily quit <input type="checkbox"/> completed, not retained <input type="checkbox"/> terminated by employer				

OCCUPATIONAL TASK EVALUATION

By evaluating the OJT Trainee's abilities and limitations, you will help us provide a better service and assist in accomplishing the objectives of the program. Discuss this evaluation with the OJT Trainee, as it will give him/her a better understanding of their job responsibilities.

EMPLOYER - Please rate the OJT Trainee's performance of the Training Outline tasks utilizing the following scale:

1 = no exposure/unacceptable 2 = limited skills - needs improvement 3 = moderately skilled - acceptable 4 = skilled **1 2 3 4**

1.		1	2	3	4
2.		1	2	3	4
3.		1	2	3	4
4.		1	2	3	4
5.		1	2	3	4
6.		1	2	3	4
7.		1	2	3	4

For Administrative use only: **TOTAL POINTS:** _____ **DIVIDED BY** _____ **= AVERAGE SCORE OF:** _____

BASIC WORK SKILLS EVALUATION

EMPLOYER - Please rate the Trainee for each characteristic utilizing the following scale:

1 = Unsatisfactory 2 = Fair 3 = Good 4 = Excellent

Cooperative	1	2	3	4	Relationship w/co-workers	1	2	3	4	Integrity	1	2	3	4
Follows Directions	1	2	3	4	Appearance	1	2	3	4	Productivity	1	2	3	4
Responsible	1	2	3	4	Attendance	1	2	3	4	Work Quality	1	2	3	4
Initiative	1	2	3	4	Punctuality	1	2	3	4	Conduct/Attitude	1	2	3	4

For Administrative use only: **TOTAL POINTS:** _____ **DIVIDED BY 12 = AVERAGE SCORE OF:** _____

By signature, all parties certify that the OJT Trainee has been made aware of the results of this performance evaluation.

Trainee Signature: _____ **Date:** _____

Employer Signature: _____ **Date:** _____

WIOA Title I Staff Signature: _____ **Date:** _____

FINAL REVIEW

Certification of Competencies:

The Trainee is satisfactorily skilled in the required functions of the position, as indicated in the evaluation above and will continue employment as follows:

Job Title: _____ **Hours/Week:** _____ **Wage:\$** _____ **per** _____

Employer Signature: _____ **Date:** _____

NOTE: This section is only to be completed by the Employer upon satisfactory completion of the OJT Trainee.

A. IDENTIFYING INFORMATION

B. OCCUPATIONAL RATING SYSTEM (ORS)

1.	OJT Employee (Trainee):	
2.	OJT Employer:	
3.	Job Title as per Employer:	
4.	O'NET Occupational Title:	
5.	O'NET Code:	
6.	O'NET Job Zone SVP Range:	

C.

O'NET SPECIFIC VOCATIONAL PREPARATION (SVP) Range (High End)	3	4+
MAXIMUM HOURS (High End of O'NET SVP Range)	520	1040

TRAINING TIME DETERMINATION

1.	Enter the maximum hours allowed under the ORS (Section B.).	
2.	Enter the amount of additional hours to be added due to the complexity of the job exceeding the ONET description Attach written rationale from the OJT Employer.	
3.	Enter the higher of #1 or #2 above:	
4.	Enter the amount of training hours to be reduced because of the OJT Employee's previous work experience . Reduce by: 50% (of #3) if the OJT Employee has worked in the <u>same</u> occupation at least 3 months. Attach OKJobMatch Work Experience screens or equivalent.	(-)
5.	Enter the amount of training hours to be reduced because of the OJT Employee's education or training background . Reduce by: 25% (of #3) if the OJT Employee holds a degree or certificate in the occupation. Attach certificate, transcript or degree copies.	(-)
6.	Enter the amount of additional hours that are added for an individual with a disability or other extraordinary barrier (WIOA Staff discretion based on individual condition) Disability (Specify): _____ Barrier: <input type="checkbox"/> ESL <input type="checkbox"/> Reading Skills <input type="checkbox"/> Writing Skills <input type="checkbox"/> Oral Communication Skills <input type="checkbox"/> Mathematics <input type="checkbox"/> Other (Specify): _____ Attach written rationale with any other supporting documents (e.g., assessments).	(+)
7.	Enter any reduction to hours due to inadequate program funding. Attach written notice from Fiscal Agent.	(-)
8.	TOTAL:	
MAXIMUMS ALLOWED		
HOURS: (Enter the lesser of TOTAL (#8 above) or 1040 hours)		
END DATE: (Maximum Six Months from Start Date of Training)		
IMPORTANT: Reimbursement under the OJT contract shall cease when the MAXIMUM HOURS or END DATE MAXIMUM is reached, whichever occurs first .		

WIOA Representative

Date

MONTH: _____ **YEAR:** _____ **OJT EMPLOYEE (TRAINEE) NAME:** _____

EMPLOYER NAME: _____ **TRAINEE PART. ID:** _____

TIME SHEET

(Numbers below represent the *DATE* of the month)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

*Record actual hours in the block beneath each date worked during the applicable Month

TOTAL HOURS WORKED: _____

OJT TRAINEE SIGNATURE DATE

WORKSITE SUPERVISOR SIGNATURE DATE

CAREER NAVIGATOR SIGNATURE DATE

COMMENTS:

STAFF USE ONLY:

Hours to be Reimbursed: _____	x Hourly Rate: \$ _____	x Reimbursement Percentage: _____	x _____ %	Total Payment this Period: \$ _____
-------------------------------	-------------------------	-----------------------------------	-----------	-------------------------------------