

On the Job Training (OJT) Training Agreement

Business Name:		Work Services Representative:		
Federal Employer Identification Number (EIN):		Telephone:		
Training Supervisor:		Fax:		
Telephone:	Fax:	Email:		
Email:				
Employment/Trainee Information				
Employee/Trainee Name:		Estimate employee/trainee's normal work hours per week: Full-time: <input type="checkbox"/> Part-Time <input type="checkbox"/> Total hours: _____		
Job Title:		Does training require shift work? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Training Dates:	From: _____	To: _____	If yes, what shift hours are required:	
Starting wage per hour: \$ _____		AM: From: _____ To: _____		
Pay dates:		PM: From: _____ To: _____		
Date of first pay check:		Other: From: _____ To: _____		
Supportive Services				
Tools, uniforms, supplies or other needs for the position: Please list		PURCHASED BY		
		Estimated Costs	Employer	Agency
1.				
2.				
3.				
4.				
JOB SKILLS TRAINING				
LIST JOB SKILLS TRAINING (IN-ORDER)		Estimated training time for each skill:		Estimated Completion Date:
1.				
2.				
3.				
4.				
5.				
Please list additional job skills on a separate sheet and attach to this agreement				

EMPLOYEE AGREEMENT

The Employee Agrees (please initial each line):

- _____ I will work directly for the employer as a regular employee and report as scheduled to the job site. The work I will do is important to my employer, and I will call my case manager at once if I have difficulties with transportation or childcare or performing the job.
- _____ The take home pay I can earn from my Job Start employment will never be less than the maximum amount of my Temporary Assistance benefit for my household. The actual pay I receive depends on the hours I work.
- _____ I understand I will not receive my Temporary Assistance benefit in order to earn a take home pay at least equal to that benefit.
- _____ The months I work in a Job Start job will not count against the 60-month time limit for Temporary Assistance.
- _____ I am still required to report any household changes to my Work Services provider and DPA immediately.
- _____ I will be able to keep all of the child support I receive.
- _____ If I fail to participate as agreed without a good cause, I could jeopardize this job and my Temporary Assistance benefits.
- _____ I understand that the employer and sponsoring state agency may amend the estimated training cost by mutual agreement.

Please sign if you agree to follow the training plan and work with the employer as stated in this agreement:

Employee Signature: _____ Date: _____

EMPLOYER WORKSITE AGREEMENT

Employer Responsibility:

- Provide adequate job training that will sustain employment and a salary equivalent to that of similar positions
- Provide individualized training conducted at the actual work site and allow for agency monitoring as requested.
- Attempt to retain the employee/trainee if training is successfully completed, unless good cause is shown to terminate or if the employee/trainee does not wish to continue employment.

EMPLOYEE DATES OF EMPLOYMENT

Employment Dates:	From:	To:	Number of Training Weeks:		Estimated work hours per week:	
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ESTIMATED WAGE CALCULATION

Wage per hour:	\$	Hours per week:		Total Estimated Wage:	\$
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Will the wage increase during Training: Yes No If yes, please explain:

Estimated Training Weeks:		Estimated Weekly Wage:	\$	Estimated Total:	\$
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EMPLOYER REIMBURSEMENT TERMS

The employer training reimbursement is: (Please check the one that applies to this agreement)

- 50% of gross weekly wage OR
- Per month Flat Training Fee

Indemnification:

The employer shall indemnify, hold harmless, and defend the funding agency from and against any claim of or liability for error, omission or negligent act of the employer under this agreement.

Employer Signature: _____ **Date:** _____

Work Services Representative: _____ **Date:** _____