

ON THE JOB (OJT) TRAINING AGREEMENT

Business Name: _____

Federal Employer Identification Number (EIN): _____

Training Supervisor: _____

Telephone: _____ Fax: _____ Email: _____

Work Services Representative: _____

Telephone: _____ Fax: _____ Email: _____

Employment/Trainee Information

Employee/Trainee Name: _____ Job Title: _____

Estimate employee/trainee's normal work hours per week: Full-time Part-Time Total Hours: _____

Training Dates: _____ Does training require shift work? Yes No

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

Please list tools, uniforms, supplies, or other needs for the position.	Estimated Costs	Purchased By Employer	Purchased By Agency	Purchased By Other
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 Work Site 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: _____ Number of Training Weeks: _____
To: _____ Estimated Work Hours per Week: _____

Estimated Wage Calculation

Wage per Hour: \$ _____ Hours per Week: _____ Total Estimated Wage: \$ _____
Will the wage increase during training? Yes No If yes, please explain. _____

Estimated Training Weeks: _____ Estimated Weekly Wage: \$ _____ Estimated Total: \$ _____

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:** _____