

Job Start/On-the-Job Training Amendment

Name: _____ Client Position: _____

Business Name: _____ Supervisor: _____

Amendment Start Date: _____ Case Manager: _____

Please provide a description and justification for the amendment in the space provided below. Please include the length of the extension and any wage change and time adjustments.

First Extension Second Extension

Employer Signature: _____ Date: _____

Employee Signature: _____ Date: _____

Work Services Representative Signature: _____ Date: _____

Please distribute a copy of this amendment to the employer, the client, and the Work Service Provider. If wages or hours have changed, provide a copy to the DPA Eligibility Technician.