



## ON-THE-JOB TRAINING PROGRAM CONTRACT MODIFICATION FORM

### MODIFICATION OF CONTRACTS

1. Modification Number: \_\_\_\_\_
2. Effective Date: \_\_\_\_\_
3. Modifies Contract Number: \_\_\_\_\_
4. Date Contract went into effect: \_\_\_\_\_

Virginia Career Works Center Name and Address:

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Employer Name and Address:

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### DESCRIPTION OF MODIFICATION

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Title/Occupation: \_\_\_\_\_

Signature of OJT Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of OJT Employer: \_\_\_\_\_ Date: \_\_\_\_\_