



BAY CONSORTIUM REGION

OJT Training Specifications

Agreement# _____ Date _____

Job Title _____ DOT Code _____

Hourly Wage _____ Training Reimbursement% _____

Hours of work per week 40 SVP _____

- Entry level wage with this company for this position is _____
- Average percent of time in training per week (must be 100%) 100%
- Maximum reimbursement per trainee _____
- Maximum hours authorized per trainee _____
- Method used to arrive at training hours _____

Reimbursement criteria (if it differs from payment made only upon successful completion of OJT and competencies.)

Monthly Reimbursement

Brief Job Description

Person(s) providing training:

Has Employing Business conducted OJT during the past two years? Yes___ No___

If Yes:

- Did Employing Business exhibit a pattern for terminating OJT trainees? Yes___ No___
- Did Employing Business provide wages or benefits to OJT trainees that were different than regular employees? Yes___ No___
- Did Employing Business terminate trainees without cause? Yes___ No___

Employing Business

WIOA Staff Representative