



OJT Supportive Services Agreement

Supportive Services under the Workforce Innovation & Opportunity Act (WIOA) have been provided to (name of participant) _____ in the form of _____

_____ I have received _____ from my WIOA staff representative.

_____ I understand that I must provide a receipt to my Case Manager within 3 days.

_____ I understand that this supportive service will not be provided throughout the length of my participation in the OJT program and is only to provide a path for self-sufficiency for a specified amount of time _____.

Printed Name of Participant _____

Signature of Participant _____

Date _____

Printed Name of WIOA Staff Representative _____

Signature _____

Date _____

“The Bay Consortium Workforce Development Board is an Equal Opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD: VA Relay Center: 711 or 800.828.1120. This workforce product was 100% supported with U.S. Department of Labor Employment and Training Administration Workforce Innovation and Opportunity Act Title I funds awarded to the Bay Consortium Workforce Development Board. This does not necessarily reflect the official position of the VCCS or DOLETA.”