



# ON-THE-JOB TRAINING OUTLINE AND JOB DESCRIPTION

*(Description of processes, operations, or skills to be learned during time for which wages are paid by Employer)*

***(Complete a separate form for each participant)***

EMPLOYER NAME		CONTRACT NUMBER		
OCCUPATION FOR WHICH TRAINING WILL BE GIVEN		O*NET CODE		SVP LEVEL
SELECT FUNDING SOURCE		ADDITIONAL FUNDING INFORMATION		
INITIAL WAGE RATE \$	ENDING WAGE RATE \$	TOTAL OJT WAGE REIMBURSEMENT \$	OJT REIMBURSEMENT RATE (%) %	HOURS PER WEEK
PARTICIPANT'S NAME		APPID	SOCIAL SECURITY NUMBER (LAST 4 DIGITS)	
BEGINNING DATE OF TRAINING		ANTICIPATED ENDING DATE OF TRAINING		

JOB DESCRIPTION

TRAINING OUTLINE (ACTIVITIES)	ESTIMATED NUMBER OF HOURS
<i>If necessary, additional training outline entries, or information describing training activities, can be continued on a separate sheet and attached to this form.</i>	<b>TOTAL HOURS</b>

**NOTE: It may be necessary to deviate from the above schedule, depending on the trainee's ability to gain and retain knowledge of the various tasks within the occupation. Hours indicated are estimates. The trainee also may be assigned to perform other duties as required by the employer. These would be duties expected of any new or inexperienced employee and could include cleaning of the work area.**

EMPLOYER/TRAINER NAME	EMPLOYER/TRAINER SIGNATURE <b>X</b>	DATE
PARTICIPANT'S SIGNATURE <b>X</b>		DATE