

Northeast Missouri Workforce Development Board
On-The-Job Training
OJT Trainee Orientation

Program Operator _____

You have been selected to participate in the On-The-Job Training Program.

This orientation will provide you with information specific to the WIOA On-The-Job Training Program, including program requirements and your responsibilities.

After receiving and reviewing this orientation you will be asked to sign an orientation checklist. In signing the checklist, you are acknowledging that you understand and agree to follow the requirements of program participation.

If you have questions, don't hesitate to ask for further explanation from Career Consultant.

Major Purposes of On-The-Job Training

1. Provides an opportunity for you to gain experience in your chosen occupational area.
2. Provides an opportunity for you to demonstrate you possess good work habits and could be a valuable employee.
3. On The Job Training, neither “purchases” a job slot for you nor “subsidizes” your wages. The intent is to provide reimbursement to your employer for the extra time that is required for your initial training. OJT is appropriate only when you are hired with the intention that you will remain a permanent full time employee once the OJT contract is completed, however it in no way “guarantees” your continued employment.

Program Characteristics

1. An OJT Contract will be developed between your training employer and this agency.
2. Your individual job training plan lists the skills for which you will be trained in, with a minimum and maximum hours of training time required. Your total length of training is outlined including planned start and completion dates, as well as job title and pay provisions. You have been or will be provided with a copy of your job training plan.
3. An OJT Invoice will be completed monthly. This invoice will list the days you worked and the number of hours per day. Signatures are required on this document from both you and your employer. With your signature you are verifying the accuracy of the hours shown. Reimbursements of wages to the employer will be based on this invoice and payroll records.
4. Your counselor will be in touch with you on a monthly basis. Be sure and voice any concern you may have regarding the direction in which your training is going at that time. Feel free to contact your counselor any time should you have questions or need to speak with your counselor.

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5. Individuals who are high school drop-outs may be required to enroll in and attend Basic Skills Training classes as a condition of participating in the On-The-Job Training Program. Failure to do so could result in the loss of WIOA funding.

Trainee Responsibilities and Behaviors

1. As an OJT trainee, you are asked to notify your counselor immediately upon terminating employment with the training employer for any reason.
2. You are expected to have good attendance and to be prompt for work.
3. You are expected to follow the directions and instructions of your training supervisor(s).
4. You are expected to be cooperative and considerate to your co-workers at all times.
5. Dress appropriately for work; above all go looking clean and well groomed.

Employment Information

1. Your working hours will be from _____ to _____, _____ days per week. If this should change, you will receive proper notification from your supervisor.
2. Your direct (training) supervisors name is _____
_____. Your indirect supervisors name is _____
_____.

Other Information

1. As you will be contacted periodically after completion of your WIOA training by WIOA staff or by a staff member of the Missouri Division of Workforce Development to obtain follow-up information on your job status, current wages etc. you agree to keep your WIOA counselor informed of the current address and phone number where you can be reached for follow-up, and to provide to the staff person pertinent information regarding your work status. The information is used to determine the effectiveness of WIOA training and in determining the need for additional services.
2. Your counselor's name and telephone number are listed below. If you have problems that arise don't hesitate to contact him/her.

Career Consultant Name/ Phone Number

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OJT TRAINEE ORIENTATION CHECK LIST

OJT Trainee Name _____

- _____ 1. Major Purposes of On-The-Job Training.
- _____ 2. Program Characteristics
- _____ A. Employer Contract
 - _____ B. Job Training Plan
 - _____ C. OJT Invoice
 - _____ D. Counselor Visits
 - _____ E. Basic Skill Training Requirement
- _____ 3. OJT Trainee Responsibilities and Behaviors
- _____ 4. Employment Information
- _____ A. Working Hours
 - _____ B. Training Supervisor/Indirect Supervisor Name.
- _____ 5. Other
- _____ A. Follow-up Procedures
 - _____ B. Counselor Name/Phone Number

I have received orientation and am aware of my rights and responsibilities, and that my case file may be subject to review by the Northeast Missouri Workforce Development Board or its designee, Department of Labor, Division of Workforce Development and/or an independent monitoring agency.

Signature of OJT Trainee/Date

Signature of Career Consultant/Date