

OJT and Work Experience Training Outline

Trainee / Training and Position Information

*Complete the contact information and reimbursement rate for trainee.* Career Advisor/Contractor:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type of Training: | OJT | Work Experience | | Both | Worker Comp Code: | | |  |  |
| TRAINEE NAME: | | | SOCIAL SECURITY # (last 4): | | | | Phone: | | E-mail: |
|  | | | | | | | | | |
| START DATE *(MM/DD/YYYY)*: | | | END DATE *(MM/DD/YYYY)*: | | | | | | HOURLY PAY RATE: |
| # OF HOURS PER DAY: | | | # OF DAYS PER WEEK: | | | | | | TOTAL TRAINING HOURS LIMIT: |
| TOTAL OJT REIMBURSEMENT LIMIT: | | | | | | TOTAL COST OF WORK EXPERIENCE: | | | |
| JOB TITLE: | | | | | | | | | O\*NET SOC #: |
| **FOR OJT:** | | | | | | | | | |
| LABOR MARKET OUTLOOK: | | | | | | | | EMPLOYER NAICS CODE: | |
| INDUSTRY CREDENTIALS/CERTIFICATIONS TO BE EARNED (IF APPLICABLE): | | | | | | | | | |
| **FOR WORK EXPERIENCE:** | | | | | | | | | |
| DESCRIBE DUTIES TO BE ASSIGNED: | | | | | | | | | |
| IDENTIFY THE EMPLOYEE’S SUPERVISOR: | | | | | | | | | |
|  | | | | | | | | | |
| BENEFITS RECEIVED AND WHEN: | | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| OJT SPECIFIC SKILLS TO BE LEARNED:  (ATTACH ADDITIONAL SHEET IF NEEDED) | ESTIMATED TRAINING HOURS FOR THIS  INDIVIDUAL | START DATE  (MM/DD/YYYY) | COMPLETION DATE (MM/DD/YYYY) | PERFORMANCE INDICATOR | ASSESSMENT METHOD | SKILL ACQUIRED |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL ESTIMATED TRAINING HOURS:  (Total Training Hours Limit represents a maximum number of hours as a budgetary constraint. Total Training Hours Limit should equal Total Est. Training Hours, but the individual skill hours are estimates that may change based on trainee performance which may lead to training being completed before all allotted hours are used.)  TOOLS, UNIFORMS, SUPPLIES NEEDED FOR TRAINING: | | | | | | |
| TRAINING PROVIDER (If Employer, identify trainer): | | | | | | |
| LOCATION WHERE TRAINING WILL OCCUR: | | | | | | |

Participant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_

Career Planner Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

IOCI 17-303 