



On-the-Job Training (OJT) Agreement

Business Name: _____ Federal Employer Identification Number (FEIN): _____ Training Supervisor: _____ Telephone: _____ FAX: _____ Email: _____	State Division: _____ Program: _____ AJCN Primary Staff: _____ Telephone: _____ FAX: _____ Email: _____																											
Trainee/Employee Name: _____ Job Title: _____ Training Dates: FROM _____ TO _____ Starting Wage: \$ _____ . _____ per hour	Estimate normal work hours per week for the Trainee/Employee: _____ Does training require shift work: Yes _____ No _____ If Yes, what shift hours are required: FROM _____ TO _____																											
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Please list additional job skills on separate sheet and attach to this agreement.

EMPLOYEE/TRAINEE PERFORMANCE AGREEMENT

Employee/Trainee Agreement:

- **Commitment:** This training opportunity is an investment in your future, yet it does not come without hard work. To succeed and reach your goal it is essential that you follow this training plan to the best of your ability.
- **Responsibilities:** It is necessary for you to make satisfactory progress in all parts of your training plan to continue with this job. You will work directly for the employer as a regular employee and report as scheduled to the job site. If misplaced or stolen, please call your case manager immediately.
- **Tools And Supplies:** You are responsible for the care and maintenance of any tools or supplies provided for your training program. Call your case manager immediately if they are stolen or if you misplace these items.
- **Employee Participation:** I helped develop my training plan and understand that if I fail to participate as agreed I could jeopardize any further training or state monetary assistance.

Please sign only if you agree to follow the training plan and work with the employer as stated in this agreement.

Employee/Trainee Signature: _____ Date: _____

EMPLOYER WORKSITE AGREEMENT

Employer Responsibility

- Provide adequate job training that will sustain employment and a salary equivalent to that of similar positions.
- Provide individualized training conducted at the actual work site and provide for agency monitoring as requested.
- Retain the employee/trainee if training is successfully completed, unless good cause is shown to terminate or if the employee/trainee does not wish to continue employment. *(Under the Federal TAA regulations, the OJT employer must agree to employ the trainee for at least 26 weeks after the training period. Under WIA Job Training Title I funding, the employer must agree to hire for at least 39 weeks.)*

Employee Dates of Employment

Dates: From _____ To _____ = Number of Training Weeks _____

Estimated work hours per week: _____

Estimated Wage Calculation

Wage: \$ _____ per hour X hours per week _____ = \$ _____ Total Estimated Wage

Will the wage increase during training? Yes ___ No ___ If yes, please explain below:

Estimated Training Weeks: ___ X **Estimated Weekly Wage:** \$ _____ = **Estimated Total:** \$ _____

The employer and sponsoring state agency may amend the estimated training cost by mutual agreement. _____ (employer's initials)

Employer Reimbursement Terms

The employer training reimbursement is:

_____ % Percent of gross weekly wage (does not include overtime) **OR**

\$ _____ Per month Flat Training Fee

Indemnification

The employer shall indemnify, hold harmless, and defend the funding agency from and against any claim of or liability for error, omission or negligent act of the employer under this agreement.

Employer Signature: _____ **Date:** _____

AJCN/Agency Representative Signature: _____ **Date:** _____