

Project Number		
PY	Company ID	Last 4 digits

Step 4. WIA Training Plan

Rev. 8-12

Employer Name: _____	Wage per hour: <input style="width: 50px;" type="text"/>	Actual Start Date: <input style="width: 50px;" type="text"/>	Training End Date: <input style="width: 50px;" type="text"/>
Trainee Name: _____	Reimbursement: <input style="width: 50px;" type="text"/>	Hrs/week: <input style="width: 50px;" type="text"/>	OJT Training Total: _____
Trainees County: _____	O-NET Code: <input style="width: 50px;" type="text"/>	Total Training Hours: _____	Education Costs: _____
Job Title: _____			Maximum Obligation \$ <input style="width: 50px;" type="text"/>

Trainer Name: _____

The person(s) responsible for delivering the training is well versed in skill sets and has the time to carry out the training necessary for the trainee to successfully complete the training as outlined below. ***The employee cannot begin work until all 5 steps have been completed and the OJT Agreement has been signed.**

Skills to be learned

**End Capability Skill Assessment
Column to be completed at end**

1.	Beginning: <input type="checkbox"/> Intermediate: <input type="checkbox"/> Skilled: <input type="checkbox"/>
2.	Beginning: <input type="checkbox"/> Intermediate: <input type="checkbox"/> Skilled: <input type="checkbox"/>
3.	Beginning: <input type="checkbox"/> Intermediate: <input type="checkbox"/> Skilled: <input type="checkbox"/>
4.	Beginning: <input type="checkbox"/> Intermediate: <input type="checkbox"/> Skilled: <input type="checkbox"/>
5.	Beginning: <input type="checkbox"/> Intermediate: <input type="checkbox"/> Skilled: <input type="checkbox"/>
<p>Do not complete until end of training.</p> <p>Date of Assessment: _____ Signature of Assessor: _____</p> <p>Comments: _____</p>	

Funding for training is authorized when OJT Training Plans are signed below by the Employer, WIA Director and the Trainee. All On-the-Job Training Agreement terms and conditions and OJT Rules, apply to this Training Plan.

Step 4**Education Costs**

Classroom training is reserved for trainees who need additional skills that are critical to employment, job retention or that will lead to a wage increase. Classroom training may be concurrent or sequential based on the OJT training dates.

Employer: _____ Trainee: _____

Training Institute / State	Class Title	List additional items and costs not included in the tuition. (books, materials)	Tuition Total	Start Date and End Date of Training
		Total: _____	Total: _____	
		Total Education Costs:	_____	

Items not payable are: airfare, hotel, gas / mileage, food, and rentals. Check with your OJT representative if you are unsure of a specific cost item.

Funding for training is authorized when OJT Training Plans are signed below by the Employer, Workforce Representative and Trainee. All On-the-Job Training Agreement terms and conditions and OJT Rules, apply to this Training Plan. This OJT will be considered completed when the end date arrives or the dollars have been utilized, whichever comes sooner.

Modifications

All modifications to this Training Plan must be executed in writing, and must be mutually agreed upon.

Approved by TRAINEE:

Approved by EMPLOYER:

Approved by the WIA EXECUTIVE DIRECTOR:

Authorized Signature

Authorized Signature

Authorized Signature

Typed/Printed Name:	Typed/Printed Name:	Typed/Printed Name: JoAnn Breedlove
	Title:	Title: Executive Director