



Approval Sign-off - On-the-Job-Training

This form is required prior to beginning the OJT process with a business. It is the responsibility of the OJT Owner to complete this form and obtain **all** the required signatures.

Name of EM OJT Staff Lead:	
Employer Name & Address:	
Funding Source:	
Contract Period:	
Number of Positions:	
Wage:	
# of FT employees: Reimbursement Rate: 50%	
Number of Hours:	
Total Contract (\$):	

History with the proposed employer (provide information on any previous OJT Contracts, successful, early termination, patterns to be aware of): _____

Any additional comments: _____

Is Trainee enrolled in any WIOA program and/or received any other funds for training or support services?
 Yes No If yes, details. Program/Grant Name & Dates: _____

Trainee Name(s): _____ Asset PIN: _____ ETO #: _____

Verified by: _____

Approval	Signature	Date
OJT Owner		
Program Manager		
Business Solutions Manager		
Chief Financial Officer (CFO)		
Chief Executive Officer (CEO)		

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