



## Plan - On-The-Job Training

### Section 1: Contact and OJT Information

Employer Name \_\_\_\_\_

Total # Local Employees \_\_\_\_\_

Total # WI Employees \_\_\_\_\_

Contact or Supervisor Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Trainee Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Begin Date \_\_\_\_\_

End Date \_\_\_\_\_

30 Day Retention Period Completed \_\_\_\_\_

Total Training Hrs. \_\_\_\_\_

Wage Rate \$ \_\_\_\_\_. /hr : Reimbursement Rate \_\_\_\_\_ % = \$ \_\_\_\_\_. /hr

Total Reimbursement \_\_\_\_\_

1. Number of hours forecasted for Holidays or planned shutdowns during first 90 days of employment?

2. Has the company relocated in the past 120 days resulting in layoffs? ☐ Yes ☐ No

3. Is the Trainee's wage comparable to that of other employee's in the same or comparable positions?

☐ Yes ☐ No

4. Provide a brief but specific Job Description: (Attach Job Description)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Section 2: Justification for Training

Given the trainee's work history and/or training, please state why the OJT is needed. What skills set is the Trainee missing that are required for the position?

### Section 3: Occupational Information

Detail the job skills needed for the trainee's occupation, training method, training hours and skill level of trainee.

Job Title \_\_\_\_\_ O\*Net Code \_\_\_\_\_ SVP \_\_\_\_\_ Hrs./Wk. \_\_\_\_\_

Required Job Skills for Occupation	Skill Level Required for Position	Training Method	Trainee Current/ Starting Skill Level
1. Job Skill Needed	<input type="checkbox"/> Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled		<input type="checkbox"/> Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled
2. Job Skill Needed	<input type="checkbox"/> Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled		<input type="checkbox"/> Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled
3. Job Skill Needed	<input type="checkbox"/> Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled		<input type="checkbox"/> Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled
4. Job Skill Needed	<input type="checkbox"/> Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled		<input type="checkbox"/> Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled
5. Job Skill Needed	<input type="checkbox"/> Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled		<input type="checkbox"/> Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled

#### Section 4: Tool/Uniforms

List any special tools, supplies, uniforms or protective gear required


#### Section 5: Signatures

All parties agree to provide or obtain training for the skills outlined in this OJT Training Plan. Trainee must sign on first day and before start of employment.

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Employer Name

\_\_\_\_\_  
Employ Milwaukee OJT Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Employ Milwaukee Name

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