



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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