



**Delaware County**

A proud partner of the American Job Center network

**ON-THE-JOB TRAINING PLAN & MONITORING REPORT**

|  |   |             |
|--|---|-------------|
| Employer Name  | Supervisor's Name                                 |             |
| Employee/Trainee Name                                      | Phone Number                                      |             |
| Position Title   | E-Mail  |             |
| O*Net Code   | Reimbursement Rate<br>50%                         |             |
| Training Period<br>From _____ to _____                     | Maximum Obligation<br>\$ 8000.00                  |             |
| Starting Hourly Wage<br>\$ _____                           | Amount for Training Payment<br>\$ _____           |             |
| Expected Hourly Wage at End of Training Period<br>\$ _____ | Amount for Retention Payment (if any)<br>\$ _____ |             |
| Hire Date  | Hours Per Week                                    | Total Hours |

| Skills to be Learned | Training Time Frame (no. of weeks) | Starting Capability Date Scored:   | Mid Capability Date Scored:   | Ending Capability Date Scored:   |
|----------------------|------------------------------------|--|---|--|
|                      |                                    | <input type="checkbox"/> Some skill<br><input type="checkbox"/> No skill | <input type="checkbox"/> Progress<br><input type="checkbox"/> No Progress | <input type="checkbox"/> Attained<br><input type="checkbox"/> Not Attained |
|                      |                                    | <input type="checkbox"/> Some skill<br><input type="checkbox"/> No skill | <input type="checkbox"/> Progress<br><input type="checkbox"/> No Progress | <input type="checkbox"/> Attained<br><input type="checkbox"/> Not Attained |
|                      |                                    | <input type="checkbox"/> Some skill<br><input type="checkbox"/> No skill | <input type="checkbox"/> Progress<br><input type="checkbox"/> No Progress | <input type="checkbox"/> Attained<br><input type="checkbox"/> Not Attained |
|                      |                                    | <input type="checkbox"/> Some skill<br><input type="checkbox"/> No skill | <input type="checkbox"/> Progress<br><input type="checkbox"/> No Progress | <input type="checkbox"/> Attained<br><input type="checkbox"/> Not Attained |
|                      |                                    | <input type="checkbox"/> Some skill<br><input type="checkbox"/> No skill | <input type="checkbox"/> Progress<br><input type="checkbox"/> No Progress | <input type="checkbox"/> Attained<br><input type="checkbox"/> Not Attained |
|                      |                                    | <input type="checkbox"/> Some skill<br><input type="checkbox"/> No skill | <input type="checkbox"/> Progress<br><input type="checkbox"/> No Progress | <input type="checkbox"/> Attained<br><input type="checkbox"/> Not Attained |
|                      |                                    | <input type="checkbox"/> Some skill<br><input type="checkbox"/> No skill | <input type="checkbox"/> Progress<br><input type="checkbox"/> No Progress | <input type="checkbox"/> Attained<br><input type="checkbox"/> Not Attained |
|                      |                                    | <input type="checkbox"/> Some skill<br><input type="checkbox"/> No skill | <input type="checkbox"/> Progress<br><input type="checkbox"/> No Progress | <input type="checkbox"/> Attained<br><input type="checkbox"/> Not Attained |
|                      |                                    | <input type="checkbox"/> Some skill<br><input type="checkbox"/> No skill | <input type="checkbox"/> Progress<br><input type="checkbox"/> No Progress | <input type="checkbox"/> Attained<br><input type="checkbox"/> Not Attained |
|                      |                                    | <input type="checkbox"/> Some skill<br><input type="checkbox"/> No skill | <input type="checkbox"/> Progress<br><input type="checkbox"/> No Progress | <input type="checkbox"/> Attained<br><input type="checkbox"/> Not Attained |

**Signature Page**

Funding for training is authorized when OJT Training Outlines are signed below by the Employer, reviewed with the trainee, and approved by OhioMeansJobs (OMJ) Delaware County. All OJT agreement terms and conditions, plus the Training Outline Instructions, apply to this Training Outline.

|  |  |
|--|--|
| <b>Employer</b>                        | <b>Local Workforce Development Area/<br/>OhioMeansJobs Delaware County</b> |
| Authorized Employer Signature and Date | Authorized OhioMeansJobs Signature and Date                                |
| Print Name and Title                   | Print Name and Title<br>Carolyn Stout, Workforce Development Supervisor    |
| <b>Trainee</b>                         |  |
| Authorized Trainee Signature and Date  |  |
| Print Name and Title                   |  |
| <b>Union (if applicable)</b>           |  |
| Authorized Union Signature and Date    |  |
| Print Name and Title                   |  |