



On-The-Job Training Plan

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. _____

Hourly 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

Employ Milwaukee is an Equal Opportunity employer and service provider. If you need this information or printed material in an alternate format, or in a different language, at no cost to you, please contact us at (414)-270-1700. Deaf, hard of hearing, or speech impaired callers can contact us through Wisconsin Relay Service at 7-1-1.