

**NEMO WORKFORCE INVESTMENT BOARD
TRAINING PLAN**

Funding Source

Participant Name:	Social Security Number	SVP Level
Occupation for Which Training will be Given:		O*Net Code
Initial Wage Rate \$	Ending Wage Rate \$	Total OJT Wage Reimbursement
Beginning Date of Training (Month, Day, Year)	Anticipated Ending Date of Training (Month, Day, Year)	Hours Per Week

Item No.	Description of Skills	Estimated Time Allowance Hours

ATTACH JOB DISCRPTION IF AVAILABLE **Total Training Hours:** _____

Contract Negotiations: Training Length Determinations (Check all that apply) Prior Work History Prior Education Other (If individual has previous work history or education that would affect the time of the OJT explain below.

Comments: _____

Give Details, if additional methods of training will be utilized i.e., Classroom training or Supportive Services: _____

Contract Modification COMPLETE IF TRAINING WAGE INCREASES ARE SCHEDULED:				
Condition of Increase	Effective Date of Increase	New Rate of Pay	OJT Reimbursement (\$_____@_____%)	Maximum Total New OJT Obligation
		\$		\$

Employer/Trainer/Name (print)	Employer/Trainer Signature	Date
Participant s Name (Print)	Participants Signature	Date

Employer signature certifies official hire of participant is the same as start date listed on this training plan. The employer signature further attests the OJT trainee identified above has not previously held employment with this company.