

**Section 1: Contact & OJT Information**

<b>Trainee Name:</b> _____	<b>Job Title:</b> _____	
<b>NAICS Code (6 Digit):</b> _____	<b>O'Net #:</b> _____	
<b>Business Name:</b> _____	<b>Phone:</b> _____	<b>Fax:</b> _____
<b>Address:</b> _____	<b>City:</b> _____	<b>Zip:</b> _____

<b>Trainee Start Date:</b> _____	<b>Trainee Starting Wage:</b> _____
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<b>Business Contact Person:</b> _____	<b>Title:</b> _____
<b>Phone:</b> _____	<b>Email:</b> _____

<b>Immediate Supervisor (if different than contact person):</b> _____	<b>Title:</b> _____
<b>Phone:</b> _____	<b>Email:</b> _____

<b>Number of Business's Local Employees:</b> _____	<b>Number of Business's Wisconsin Employees:</b> _____
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1. Number of hours forecasted for Holidays or planned plant shutdowns during first 90 days of employment: \_\_\_\_\_ hours
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. Is the Job Description attached? Yes ☐ No ☐



## Section 2: Occupation Information

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

Required Job Skill for Occupation	Position Skill Level	Training Method (Hands-on)	Estimated Training Hours	Trainee Current Skill Level
1. Job Skill Needed	<input type="checkbox"/> Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled  (What is the required skill level of an employee in this area?)			<input type="checkbox"/> Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled  (What is the current skill level of the trainee in this area?)
2. Job Skill Needed	<input type="checkbox"/> Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled  (What is the required skill level of an employee in this area?)			<input type="checkbox"/> Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled  (What is the current skill level of the trainee in this area?)
3. Job Skill Needed	<input type="checkbox"/> Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled  (What is the required skill level of an employee in this area?)			<input type="checkbox"/> Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled  (What is the current skill level of the trainee in this area?)
4. Job Skill Needed	<input type="checkbox"/> Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled  (What is the required skill level of an employee in this area?)			<input type="checkbox"/> Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled  (What is the current skill level of the trainee in this area?)
5. Job Skill Needed	<input type="checkbox"/> Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled  (What is the required skill level of an employee in this area?)			<input type="checkbox"/> Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled  (What is the current skill level of the trainee in this area?)

## Section 3: Youth Academic Component (For WIOA Youth Clients ONLY)

Academic Skill for the Occupation	Position Skill Level	Training Method (Video tutorials, job shadowing)	Estimated Training Hours	Trainee Current Skill Level
1. Academic Job Skill Needed	<input type="checkbox"/> Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled  (What is the required skill level of an employee in this area?)			<input type="checkbox"/> Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled  (What is the current skill level of the trainee in this area?)

## Section 4: Justification for Training

In the space provided, please explain the reason for an OJT. What skills sets are the trainee missing that are required for the position?

## Section 5: Signatures

All parties agree to provide or obtain training for the skills outline in this OJT Training Plan.

Immediate Supervisor: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Business Representative: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Forward Careers Staff: \_\_\_\_\_ Date \_\_\_\_\_

Trainee: \_\_\_\_\_ Date \_\_\_\_\_

(Trainee must sign on first day and before start of employment)

