

Section 1: Contact & OJT Information

Trainee Name: _____		Job Title: _____	
		O'Net #: _____	
Business Name: _____	Phone: _____	Fax: _____	
Address: _____	City: _____	Zip: _____	
Trainee Start Date: _____		Trainee Starting Wage: _____	
Business Contact Person: _____		Title: _____	
Phone: _____		Email: _____	
Immediate Supervisor (if different than contact person): _____		Title: _____	
Phone: _____		Email: _____	
Number of Business's Local Employees: _____		Number of Business's Wisconsin Employees: _____	

1. Number of hours forecasted for Holidays or planned plant 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. Brief but specific Job Description: **(Attach company job description)**



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	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: Justification for Training

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

Section 4: 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)

