

The following are documents to include for Adult, Dislocated Worker, Special Response, TechHire: WorkIT, and Youth OJT submissions **along** with this checklist.

**To be completed by Business Solutions Representative**

☐ By checking this box, I agree that I have determined the business and employee to be eligible for training, reviewed the required collected material, and discussed the program entirely with the business before submitting for approval.

BSR Name: \_\_\_\_\_ CP Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant name: \_\_\_\_\_

Company: \_\_\_\_\_

☐ OJT Contract Proposal

☐ Training Plan

☐ For Youth OJT, the academic skills for the occupation are listed

☐ Appropriate Occupational List:

☐ For WIOA: Copy of the **page** where the occupation is listed on **either** the

• Wisnommy Occupational Projections Wisconsin

▪ Number of job openings (must be positive growth): \_\_\_\_\_

▪ Median salary (at or above \$24,960): \$ \_\_\_\_\_

☐ For WorkIT: Copy of the most **recent** Table 1: Occupational Skills and Competencies in Southeastern Wisconsin document that displays the OJT Occupation is allowable

☐ Union Concurrence Form or

☐ N/A

☐ Job Description

☐ Resume

☐ Program Application

☐ If not a U.S. citizen, please include Document Verification Form

☐ IEP

☐ With Skill Gaps Identified

☐ Referral Form for Placement Opportunities

Reverse Referral: ☐ Yes ☐ No

**Submit entire OJT packet to the Reviewer.**

**To be completed by the Reviewer**

Contract #: \_\_\_\_\_ Fund: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Contract Hours: \_\_\_\_\_ Hourly Rate: \$ \_\_\_\_\_ Reimbursement Rate and %: \$ \_\_\_\_\_ %

Self-sufficiency calculator completed (AP/DW) ☐ Yes ☐ No ☐ N/A Entered into: ☐ ASSET ☐ ACCESS ☐ N/A

	<u>Month</u>	<u>Date Received</u>	<u>Hours For Month</u>	<u>Running Total</u>	<u>Remaining</u>
Timesheets					

Actual End Date: \_\_\_\_\_

Date Reimbursement Sent to Employer (CC: BSR/CP): \_\_\_\_\_ Given to Fiscal For Payment: \_\_\_\_\_

