

Step 3**Job Assessment**

Company: _____ Trainee Name: _____	Job Title: _____ Staff Only :ONET: www.online.onetcenter.org	Wage per hour: _____	Hours per week _____ Shift(s): _____
Trainee's Supervisor: _____	Phone: _____	E-mail: _____	
Trainer (if different from supervisor): _____	Phone: _____	E-mail: _____	
Planned Start Date: _____	(NOTE: Employee cannot begin work until the OJT Agreement (step 5) is signed)		

Job Skills needed (employer may attach detailed job description instead of completing 1-5 below which must be typed)

This column to be completed by WIA Staff Trainee Starting Capability Skill Assessment

1.	Unskilled: <input type="checkbox"/> Some Skill: <input type="checkbox"/> Skilled: <input type="checkbox"/>
2.	Unskilled: <input type="checkbox"/> Some Skill: <input type="checkbox"/> Skilled: <input type="checkbox"/>
3.	Unskilled: <input type="checkbox"/> Some Skill: <input type="checkbox"/> Skilled: <input type="checkbox"/>
4.	Unskilled: <input type="checkbox"/> Some Skill: <input type="checkbox"/> Skilled: <input type="checkbox"/>
5.	Unskilled: <input type="checkbox"/> Some Skill: <input type="checkbox"/> Skilled: <input type="checkbox"/>

Approximate training weeks:

Comments:

Funding for training is authorized only when Step 4 The OJT Training Plan is signed by the Employer, Workforce Representative and Trainee. All On-the-Job Training Agreement terms and conditions and OJT Rules, will apply to the Training Plan. The OJT will be considered completed when the end date arrives or the dollars have been utilized, whichever comes sooner.

Trainee Signature: _____

WIA Staff: _____

Step 3**Education Proposal**

Classroom training is reserved for trainees who need additional skills that are critical to employment, job retention or that will lead to a wage increase. Classroom training may be concurrent or sequential based on the OJT training dates.

Employer: _____

Trainee: _____

Training Institute / State	Class Title	List additional items and costs not included in the tuition. (books, materials)	Tuition Total	Start Date and End Date of Training
		Total: _____ Total Education Costs: _____	Total: _____ _____	

Items not payable are: airfare, hotel, gas / mileage, food, and rentals. Check with your OJT representative if you are unsure of a specific cost item.

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Trainee Signature: _____

WIA Staff: _____