

Ohio Department of Job and Family Services
ON-THE-JOB TRAINING PLAN
LOCAL WORKFORCE DEVELOPMENT AREA

Employer Name	Supervisor's Name	
Employee/Trainee Name	Phone Number	
Position Title	E-Mail	
O*Net Code	Reimbursement Rate %	
Training Period From to	Maximum Obligation \$	
Starting Hourly Wage \$	Amount for Training Payment \$	
Expected Hourly Wage at End of Training Period \$	Amount for Retention Payment (<i>if any</i>) \$	
Hire Date	Hours Per Week	Total Hours

Skills to be Learned	Starting Capability Date Scored:	Mid Capability Date Scored:	Ending Capability Date Scored:
	<input type="checkbox"/> Some skill <input type="checkbox"/> No skill	<input type="checkbox"/> Progress <input type="checkbox"/> No Progress	<input type="checkbox"/> Attained <input type="checkbox"/> Not Attained
	<input type="checkbox"/> Some skill <input type="checkbox"/> No skill	<input type="checkbox"/> Progress <input type="checkbox"/> No Progress	<input type="checkbox"/> Attained <input type="checkbox"/> Not Attained
	<input type="checkbox"/> Some skill <input type="checkbox"/> No skill	<input type="checkbox"/> Progress <input type="checkbox"/> No Progress	<input type="checkbox"/> Attained <input type="checkbox"/> Not Attained
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	<input type="checkbox"/> Some skill <input type="checkbox"/> No skill	<input type="checkbox"/> Progress <input type="checkbox"/> No Progress	<input type="checkbox"/> Attained <input type="checkbox"/> Not Attained
	<input type="checkbox"/> Some skill <input type="checkbox"/> No skill	<input type="checkbox"/> Progress <input type="checkbox"/> No Progress	<input type="checkbox"/> Attained <input type="checkbox"/> Not Attained

Signature Page

Funding for training is authorized when OJT Training Plans are signed below by the Employer, the local workforce development area, the trainee, the Union (if applicable), and the ODJFS Trade Program (if applicable). All On-the-Job Training Agreement terms, conditions, and OJT Requirements, plus the Training Plan Instructions, apply to this Training Plan.

Employer	Local Workforce Development Area
Authorized Signature and Date	Authorized Signature and Date
Print Name and Title	Print Name and Title
Staffing Agency, if any	Trainee
Authorized Signature and Date	Trainee Signature and Date
Print Name and Title	Print Name and Title
Union <i>(if any)</i>	
Authorized Signature and Date	ODJFS Trade Representative
Print Name and Title	ODJFS Trade Support Office – Signature / Date <i>(if applicable)</i>