Department of Workforce Development State of Wisconsin

Division of Vocational Rehabilitation

**Student On-the-Job Training (OJT) Agreement**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

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| Trainee/Employee Name  | Job Title  |
| Employer Name | Employer Tax ID/FEIN |
| Employer Payment/Remit to Address |
| Work Site Address (If different than Remit to Address)  |
| Supervisor Name | Supervisor Phone Number |
| Preferred Contact Name | Preferred Contact Phone or Email |
| Start Date  | End Date (not to exceed 500 hours over a 12 month period) | Purchase Order Number |
| Payroll Hourly Wage**$** | Weekly Work Schedule: |
| Total Number of Hours for Training Period (not to exceed 500 hours)   |
| **OJT Agreement Payment** 100% of Total Costs = **$**  |
| **Payment Plan**  |
| Payment 1 | Date to Date | Hourly wage rate  X  | Hours = 30 day payment |
| Payment 2 | Date to Date | Hourly wage rate  X  | Hours = 30 day payment |
| Payment 3 | Date to Date | Hourly wage rate  X  | Hours = 30 day payment |
| Payment 4 | Date to Date | Hourly wage rate  X  | Hours = 30 day payment |
| Payment 5 | Date to Date | Hourly wage rate  X  | Hours = 30 day payment |
| Payment 6 | Date to Date | Hourly wage rate  X  | Hours = 30 day payment |
| Payment 7 | Date to Date | Hourly wage rate  X  | Hours = 30 day payment |
| Payment 8 | Date to Date | Hourly wage rate  X  | Hours = 30 day payment |
| Payment 9 | Date to Date | Hourly wage rate  X  | Hours = 30 day payment |
| Payment 10 | Date to Date | Hourly wage rate  X  | Hours = 30 day payment |
| Payment 11 | Date to Date | Hourly wage rate  X  | Hours = 30 day payment |
| Payment 12 | Date to Date | Hourly wage rate  X  | Hours = 30 day payment |

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| **Training Plan** |
| **Training Objectives** | **Provider and Method** | **How Progress Will Be Measured** |
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| *Example: Independently change and make all bedding* | *Colleague XXX provides demonstration, observation, correction and checklist* | *W/in 2 weeks of training start date can independently change and make bedding correctly with checklist only* |
| *Example: Learn to change oil independently*  | *Provide Direct supervision & demonstration, on-line tutorial, observation & picture chart*  | *W/in 4 weeks can change oil correctly w/only picture chart* |

 **Guide:**

* Include 4-5 Training Objectives during the OJT Period.
* Training Objectives should be tasks associated with the job description the employee must accomplish during the OJT.
* If job description is not available, reference similar job tasks for the position using: <https://www.onetonline.org/>

**Note: Attach a copy of Job Description when available.**

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| **Termination of the Training Agreement:**Each party to this agreement may terminate this agreement at any time.  |
| **Notice to the Employer:*** Payment is made upon submitting 30-day Student OJT Monthly Invoice and Progress Report.
* This agreement does not affect in any way the employer’s responsibilities under any federal, state, or local laws pertaining to employment, unemployment insurance, or worker's compensation.
* The above-named individual is considered a permanent employee as of the start date listed above. The employer agrees to maintain the employment and pay the wage and fringe in full after the training.
* Work hours must be agreed upon by employer and employee and can be part-time or full-time up to 40 hours per week.
* Employment of the above-named individual may be terminated at any time.
* The employer is reminded of the availability of Job Center of Wisconsin (JCW) and asked to use JCW for their hiring needs (https://jobcenterofwisconsin.com).
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| Employee Signature | Date Signed |
| Employer Signature | Date Signed |
| DVR Representative Signature | Date Signed |

DVR-18434-E (N. 07/2018)