

Contract #: _____

Mountain Area Workforce Development Board

Attachment H

Insert OJT Employer Name Here

On-the-Job Training (OJT) Contract: Monitoring Tool

Section 1: General Information

Please complete the following:		
TRAINEE NAME:	JOB TITLE:	EMPLOYER:
TRAINEE SUPERVISOR:	TITLE:	OJT TRAINING DATES:
NAME OF REVIEWER:	TITLE:	DATE OF REVIEW:

Section 2: Trainee Interview

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1) Do you have a copy of your Training Plan?
<input type="checkbox"/>	<input type="checkbox"/>	2) Are you receiving the type of training outlined on the Training Plan? If not, do you know why?
		3) Who is providing the training and how much time do they typically spend with you during the day?
<input type="checkbox"/>	<input type="checkbox"/>	4) Does your supervisor explain your assignments and provide support if needed?
<input type="checkbox"/>	<input type="checkbox"/>	5) Does your supervisor review your performance with you consistently?
<input type="checkbox"/>	<input type="checkbox"/>	6) Do you have any concerns about the job; working conditions including safety provisions, supervision, working hours, pay, etc.?
<input type="checkbox"/>	<input type="checkbox"/>	7) Do you have any additional comments, questions or concerns?

Section 3: Employer/Supervisor Interview

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1) Do you have a copy of the trainee's OJT Training Plan?
<input type="checkbox"/>	<input type="checkbox"/>	2) Is the Training Plan being followed? If not, why? <div style="border-bottom: 1px dotted black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 15px; margin-top: 5px;"></div>
		3) Who is providing the training and how much time do they typically spend with the trainee during the day? <div style="border-bottom: 1px dotted black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 15px; margin-top: 5px;"></div>
<input type="checkbox"/>	<input type="checkbox"/>	4) Do you review the trainee's progress with them regularly? Please explain. <div style="border-bottom: 1px dotted black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 15px; margin-top: 5px;"></div>
<input type="checkbox"/>	<input type="checkbox"/>	5) Is the trainee making satisfactory progress in learning the position? Please explain. <div style="border-bottom: 1px dotted black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 15px; margin-top: 5px;"></div>
<input type="checkbox"/>	<input type="checkbox"/>	6) In general, are you satisfied with the OJT experience including the trainee, contract process, training plan development, and evaluation process? <div style="border-bottom: 1px dotted black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 15px; margin-top: 5px;"></div>
<input type="checkbox"/>	<input type="checkbox"/>	7) Do you have any other questions, comments or concerns? <div style="border-bottom: 1px dotted black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 15px; margin-top: 5px;"></div>

Section 4: Signature

WIOA OJT AGENCY REPRESENTATIVE SIGNATURE:		DATE:

Mountain Area Workforce Development Board
On-the-Job Training Contract Termination Document (version 1)

Contract Number: _____ OJT Developer: _____

Employer Company Name: _____

OJT Trainee/Employee Served: _____

Name of Employer or Authorized Representative: _____

I. Reason for Contract Termination:

A. _____ The OJT Contract has been successfully completed.

_____ All OJT reimbursements have been paid in full.

The OJT Employee _____ will or _____ will not be retained in employment. If "Not" please explain:

Comments _____

B. _____ The OJT Contract has been discontinued early because: _____

The OJT Employee _____ will or _____ will not be retained in employment. If "Not" please explain:

Comments: _____

_____ All OJT Reimbursements requested have been paid in full.

II. Based on our experience with the OJT Program, I _____ am or _____ am not interested in future OJT Contracts.

Comments: _____

III. The OJT Developer's work with this company under this contract was:

____ Very Good ____ Good ____ Fair ____ Lacking

Comments: _____

Both parties hereby mutually resolve that the above numbered contract is completed and no further action is required by either party.

Signature: OJT Employer or Authorized Representative: _____ Date: _____

Signature: Mountain Area Workforce Board Director: _____ Date: _____

Please return this completed form to:
Director, Mountain Area Workforce Board
Land-of-Sky Regional Council
339 New Leicester Highway - Suite 140,
Asheville, NC 28806
Phone: 828-251-7473

**Mountain Area Workforce Development Board
On-the-Job Training Contract Termination Form (Version 2)**

OJT Employer Business Name: _____
OJT Contract Number: _____
OJT Employee Name: _____ OJT Developer: _____
Scheduled OJT Contract End Date: _____ Actual OJT Contract End Date: _____

Maximum Amount of Funds Available under this Contract: \$ _____
Amount of Funds Invoiced under this Contract: \$ _____
Amount of Funds Actually Paid under this Contract: \$ _____

Reason for Termination of this Contract:

- _____ Training Was Successfully Completed by the OJT Employee
- _____ The OJT Employee voluntarily left the Company prior to completing training
- _____ The OJT Employee was dismissed because of business considerations not related to performance
- _____ The OJT Employee's performance was inadequate
- _____ Other Reason: (please explain): _____

Both parties hereby mutually resolve that the above numbered contract is completed and no further action or payment is required by either party.

Signature: OJT Employer or Authorized Representative: _____ Date: _____
Signature: Mountain Area Workforce Board Director: _____ Date: _____

Please return this completed form to: **Director, Mountain Area Workforce Board
Land-of-Sky Regional Council
339 New Leicester Highway - Suite 140,
Asheville, NC 28806

Phone: 828-251-7473**