

On-the-Job-Training Master Agreement Addendum

Participant Information

Name: _____ VOS ID: _____ Program: _____

On-the-Job Training Information

Company Name: _____ Worksite Address: _____

Job Title: _____ SOC Code: _____
 Training Supervisor: _____ Training Supervisor Phone: _____

Master Agreement: _____ Addendum Number: _____ Voucher Number: _____

Start Date: _____ End Date: _____

Total Hours: _____ Hourly Rate: _____ Maximum Reimbursement:
(Total Hours x Hourly Rate x 50%)

Training Hours Methodology – highlight or circle maximum allowable training hours

Education Level	Years of Relevant Work Experience				
	0 – 3	4 – 6	7 – 9	10 – 15	15+
H.S. Diploma or Equivalency	400	400	360	320	280
Certificate (in related field)	400	400	360	320	280
Associate’s Degree	400	360	360	320	280
Bachelor’s Degree	400	320	320	280	240
Master’s Degree	400	320	320	240	200

Employment Training Plan

Skill/Competency to Learn (job description tasks):	Initial Assessment	Goal Capability	Estimated Training Hours
Total Training Hours			

Supplies/Tools Needed for Training:

All parties agree to provide or obtain training for the skills outlined in this Addendum.

Workforce Staff

Company Representative

Trainee

On-the-Job-Training Mid-Point Skills Evaluation Form

Participant Information

Name: _____ VOS ID: _____ Program: _____

On-the-Job Training Information

Company Name: _____ Worksite Address: _____

Job Title: _____ SOC Code: _____

Training Supervisor: _____ Training Supervisor Phone: _____

Start Date: _____ End Date: _____

Essential Employability Skills

Ability To Learn	<input type="checkbox"/> Poor	<input type="checkbox"/> Marginal	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent
Attitude	<input type="checkbox"/> Poor	<input type="checkbox"/> Marginal	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent
Conduct	<input type="checkbox"/> Poor	<input type="checkbox"/> Marginal	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent
Motivation/Initiative	<input type="checkbox"/> Poor	<input type="checkbox"/> Marginal	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent
Quality Of Work	<input type="checkbox"/> Poor	<input type="checkbox"/> Marginal	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent
Quantity Of Work	<input type="checkbox"/> Poor	<input type="checkbox"/> Marginal	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent
Safety Practices	<input type="checkbox"/> Poor	<input type="checkbox"/> Marginal	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent
Appearance/Hygiene	<input type="checkbox"/> Poor	<input type="checkbox"/> Marginal	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent
Overall Rating	<input type="checkbox"/> Poor	<input type="checkbox"/> Marginal	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent

Comments:

Job-Specific Skills

Skill Learned	Initial Assessment	Goal Capability	Current Capability

Comments:

Employee Signature

Date

Employer Signature

Date

Master Agreement Number: _____

Addendum Number: _____

On-the-Job-Training Final Skills Evaluation Form

Participant Information

Name: _____ VOS ID: _____ Program: _____

On-the-Job Training Information

Company Name: _____ Worksite Address: _____

Job Title: _____ Master Agreement: _____ Addendum: _____

Training Supervisor: _____ Training Supervisor Phone: _____

Start Date: _____ End Date: _____

Essential Employability Skills

Ability To Learn	<input type="checkbox"/> Poor	<input type="checkbox"/> Marginal	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent
Attitude	<input type="checkbox"/> Poor	<input type="checkbox"/> Marginal	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent
Conduct	<input type="checkbox"/> Poor	<input type="checkbox"/> Marginal	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent
Motivation/Initiative	<input type="checkbox"/> Poor	<input type="checkbox"/> Marginal	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent
Quality Of Work	<input type="checkbox"/> Poor	<input type="checkbox"/> Marginal	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent
Quantity Of Work	<input type="checkbox"/> Poor	<input type="checkbox"/> Marginal	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent
Safety Practices	<input type="checkbox"/> Poor	<input type="checkbox"/> Marginal	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent
Appearance/Hygiene	<input type="checkbox"/> Poor	<input type="checkbox"/> Marginal	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent
Overall Rating	<input type="checkbox"/> Poor	<input type="checkbox"/> Marginal	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent

Comments:

Job-Specific Skills

Skill Learned	Mid-Point Capability	End Capability	Meets Expectations?

Comments:

Will Trainee retain employment beyond the training period? **YES** **NO**

Employee Signature

Date

Employer Signature

Date