

Effective Date

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 – h	ighlight or cire	cle maximu					
	Years of Relevant Work Experience				nce		
Education Level		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							
						Estimated	
			Initial	Goal	Training		
Skill/Competency to Learn (job de	escription tas	ks):		Assessment	Capability	Hours	
				Total Trai	ning Hours		
Supplies/Tools Needed for Traini	ng:						

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

Workforce Staff

Company Representative

Trainee

This project is funded under an agreement with the Tennessee Department of Labor & Workforce Development. Equal Opportunity Employer/Program. Auxiliary aids and service available upon request to individuals with disabilities. TDD/TTY TN Relay 711.



Evaluation Date

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

Participant Information						
		VOS IE	D: Proç		ram:	
On-the-Job Training Inform	ation					
Company Name:		Worksi	te Address:			
Job Title:	SOC Code:					
Training Supervisor:	Training Supervisor Phone:					
Start Date:		End Da	ate:			
Essential Employability Ski		·				· ·· ·
Ability To Learn	Poor	Marginal	Good		ry Good	Excellent
Attitude	Poor	Marginal	Good		ry Good	Excellent
Conduct		Marginal	Good		ry Good	Excellent
Motivation/Initiative		Marginal	Good		ry Good	Excellent
Quality Of Work	Poor	Marginal	Good		ry Good	Excellent
Quantity Of Work	Poor	Marginal	Good 🗌		ry Good	Excellent
Safety Practices	Poor	Marginal	Good 🗌	🗌 Ve	ry Good	Excellent
Appearance/Hygiene	Poor	Marginal	Good	🗌 Ve	ry Good	Excellent
Overall Rating	Poor	Marginal	Good	🗌 Ve	ry Good	Excellent
Comments:						
Job-Specific Skills						
				Initial	Goal	Current
Skill Learned				Assessment	Capability	Capability
Comments:						
Employee Signature	Date		Employer	Signature	Da	ite
Master Agreement Number:				Addendum	Number:	

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Evaluation Date

On-the-Job-Training Final Skills Evaluation Form

Participant Information								
Name:	Name: VOS ID:				Program:			
On-the-Job Training Informa	ation							
Company Name:	Worksite Address:							
Job Title:	Master Agreement:				Addendum	:		
Training Supervisor:		Training	g Supervis	or Phone:				
Start Date:								
Essential Employability Ski								
Ability To Learn	Poor	Marginal	Goo		Very Good			
Attitude	Poor	Marginal	Goo		Very Good			
Conduct	Poor	Marginal	Goo		Very Good			
Motivation/Initiative	Poor	Marginal	Goo		Very Good	Excellent		
Quality Of Work	Poor	Marginal	Goo Goo		Very Good	Excellent		
Quantity Of Work	Poor	Marginal	Goo Goo	bd 🗌	Very Good	Excellent		
Safety Practices	Poor	Marginal	Goo Goo	bd 🗌	Very Good	Excellent		
Appearance/Hygiene	Poor	Marginal	God God	bd 🗌	Very Good	Excellent		
Overall Rating	Poor	Marginal	God God	bd 🗌	Very Good	Excellent		
Comments:								
Job-Specific Skills								
				Mid-Point	End	Meets		
Skill Learned				Capability	Capability	Expectations?		
Comments:								
Will Trainee retain employment beyond the training period?			YES		NO			
Employee Signature	Date		Employe	er Signature)	Date		

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