

**WORKFORCE SERVICES**

sdjobs.org

**WORK-BASED TRAINING PLAN AGREEMENT**

Participant Name:

Program:

Job Title:

Business Name:

(Must match name in SDWORKS)

Start Date:

End Date:

**WORK-BASED LEARNING EXPERIENCE:**

**WORK EXPERIENCE**

**ON-THE-JOB TRAINING**

**UNPAID**

Total Hours

Hourly Rate

Total Hours

x Hourly Rate

x .5

**BUSINESS PAID**

**= OJT Reimbursement**

**SKILL AREAS:**  
*KeyTrain Categories, O\*Net Knowledge, Skills, Work Activities/Context, etc...*

<b>TRAINING METHOD</b>	
Manuals	
Video	
Computer-Based	
Demonstration	
Other:	

**SKILL AREAS:**  
*KeyTrain Categories, O\*Net Knowledge, Skills, Work Activities/Context, etc...*

<b>TRAINING METHOD</b>	
Manuals	
Video	
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<p><b>TRAINING METHOD</b></p> <p>Manuals</p> <p>Video</p> <p>Computer-Based</p> <p>Demonstration</p> <p>Other:</p>	
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*KeyTrain Categories, O\*Net Knowledge, Skills, Work Activities/Context, etc...*

<p><b>TRAINING METHOD</b></p> <p>Manuals</p> <p>Video</p> <p>Computer-Based</p> <p>Demonstration</p> <p>Other:</p>	
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Signatures below indicate the training plan was developed in cooperation between the business representatives, the participant, and the DLR representative to ensure quality skill development towards designated job.

- All DLR paperwork must be completed prior to starting a new position.
- Work Experiences are limited to 25 hours per week.
- DLR will not pay overtime for individuals on On-the-Job Trainings.
- DLR will not pay for hours above and beyond the total hours agreed upon in this training plan.
- DLR will complete monitors to ensure progress towards the training plan.
- Individuals must conduct themselves in a responsible and courteous manner, follow the policies of the workplace, and work as scheduled.
- If individuals do not meet the needs of the workplace, they may be terminated.

**BUSINESS REPRESENTATIVES**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

*A business representative above must match the signatory on the WE Timecards (10.18) or OJT Timecard (10.20).*

**PARTICIPANT SIGNATURE:** \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

**DLR STAFF SIGNATURE:** \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

## WORK-BASED TRAINING MONITOR

Participant Name:

Program:

Job Title:

Business Name:

**WORK EXPERIENCE**

**ON-THE-JOB TRAINING**

**WORK-BASED LEARNING EXPERIENCE:**

**UNPAID**

**BUSINESS PAID**

<b>Monitor Type:</b>	<input type="checkbox"/> Initial	<input type="checkbox"/> Interim__hrs	<input type="checkbox"/> Final__hrs completed
<b>Individual(s):</b>	<input type="checkbox"/> Participant	<input type="checkbox"/> Business Representative	<input type="checkbox"/> Training Supervisor
<b>Contact Method:</b>	<input type="checkbox"/> In person	<input type="checkbox"/> Phone	<input type="checkbox"/> Email <input type="checkbox"/> Other
<b>Participant:</b>	<input type="checkbox"/> Continued	<input type="checkbox"/> Completed	<input type="checkbox"/> Hired <input type="checkbox"/> Terminated

Each Training Outline Task should have a Progress indicator and a Performance indicator.

- |                         |  |                         |                       |
|-------------------------|--|-------------------------|-----------------------|
| Progress indicators:    | 1) Training has not started            | 2) Training in progress | 3) Training completed |
| Performance indicators: | a) Doing well                          | b) Shows improvement    | c) Needs improvement  |
|                         | <i>N/A if training has not started</i> |                         |                       |

<b>SKILL AREAS:</b>	
<p><b>PROGRESS</b></p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><b>PERFORMANCE</b></p> <p><input type="checkbox"/> a</p> <p><input type="checkbox"/> b</p> <p><input type="checkbox"/> c     <input type="checkbox"/> N/A</p>	

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**PARTICIPANT COMMENTS:**

**BUSINESS COMMENTS:**

Signatures below indicate all parties have discussed performance and the comments written on this document. Signatures do not necessarily indicate agreement.

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**PARTICIPANT:** \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

**DLR STAFF:** \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

**INSTRUCTIONS:**     Scan into SDWORKS file     Copies to business and participant

## WORK-BASED TRAINING MONITOR

Participant Name:

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**ON-THE-JOB TRAINING**

**WORK-BASED LEARNING EXPERIENCE:**

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