

WORKFORCE SERVICES

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WORK-BASED TRAINING PLAN AGREEMENT**PARTICIPANT INFORMATION****NAME:****SDWORKS ID:****PROGRAM:****WORK-BASED LEARNING EXPERIENCE INFORMATION****BUSINESS NAME** *(must match SDWORKS):***JOB TITLE:****START DATE:****END DATE:****PAID****UNPAID****WORK EXPERIENCE****ON-THE-JOB TRAINING**

TOTAL HOURS

TOTAL HOURS

HOURLY RATE

x HOURLY RATE

x 0.5

= OJT REIMBURSEMENT**TRAINING PLAN INFORMATION****SKILL AREA(S):***WorkKeys Categories, O*Net Knowledge, Skills, Work Activities/Context, etc.***TRAINING METHOD**

MANUALS

VIDEO

COMPUTER-BASED

DEMONSTRATION

OTHER: _____

SKILL AREA(S):**TRAINING METHOD**

MANUALS

VIDEO

COMPUTER-BASED

DEMONSTRATION

OTHER: _____

SKILL AREA(S):**TRAINING METHOD**

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SKILL AREA(S):**TRAINING METHOD**

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DEMONSTRATION

OTHER: _____

AGREEMENT AND ACKNOWLEDGEMENT

Each checked box indicates all parties acknowledge and agree to the following:

All DLR paperwork must be completed before starting a new position.

Work Experiences are limited to 25 hours per week.

DLR will not pay overtime for individuals on On-the-Job Training.

DLR will not pay for hours exceeding the total hours listed in the WORK-BASED LEARNING EXPERIENCE section.

DLR will complete monitors to ensure progress is being made towards the training plan.

The individual must conduct themselves responsibly and courteously, follow the policies of the workplace, and work as scheduled.

If the individual does not meet the needs of the workplace, they may be terminated.

Participant's Emergency Contact

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

By signing below, all parties indicate the training plan was developed jointly and ensures appropriate skill development for the assigned job.

BUSINESS REPRESENTATIVE(S)

One of the business representatives listed below must match the signatory on the [WEX Timecard \(WIOA Form 18\)](#) or [OJT Timecard \(WIOA Form 20\)](#).

NAME:**SIGNATURE:****DATE:****NAME:****SIGNATURE:****DATE:****PARTICIPANT****SIGNATURE:****DATE:****DLR REPRESENTATIVE****NAME:****SIGNATURE:****DATE:**

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WORK-BASED TRAINING MONITOR**PARTICIPANT INFORMATION****NAME:****SDWORKS ID:****PROGRAM:****TRAINING PLAN INFORMATION****BUSINESS NAME** *(must match SDWORKS):***JOB TITLE:****WORK EXPERIENCE****ON-THE-JOB TRAINING****UNPAID****BUSINESS PAID****MONITOR INFORMATION**

TYPE:	INITIAL	INTERIM _____ HRS	FINAL _____ HRS COMPLETED	
INDIVIDUALS:	PARTICIPANT	BUSINESS REP.	TRAINING SUPERVISOR	
CONTACT METHOD:	IN-PERSON	PHONE	EMAIL	OTHER
PARTICIPANT:	CONTINUED	COMPLETED	HIRED	TERMINATED

MONITOR SKILL AREAS

* Each Skill Area must have one indicator check-marked (each) for Progress and Performance.

SKILL AREA(S):**PROGRESS**

Training has not started

Training in progress

Training completed

PERFORMANCE

Doing well

Shows improvement

Needs improvement

N/A *(if training has not started)*

SKILL AREA(S):**PROGRESS**

Training has not started

Training in progress

Training completed

PERFORMANCE

Doing well

Shows improvement

Needs improvement

N/A *(if training has not started)*

SKILL AREA(S):**PROGRESS**

Training has not started
Training in progress
Training completed

PERFORMANCE

Doing well
Shows improvement
Needs improvement
N/A (if training has not started)

SKILL AREA(S):**PROGRESS**

Training has not started
Training in progress
Training completed

PERFORMANCE

Doing well
Shows improvement
Needs improvement
N/A (if training has not started)

SKILL AREA(S):**PROGRESS**

Training has not started
Training in progress
Training completed

PERFORMANCE

Doing well
Shows improvement
Needs improvement
N/A (if training has not started)

ADDITIONAL COMMENTS

PARTICIPANT COMMENTS

BUSINESS COMMENTS

ACKNOWLEDGEMENT

By signing below, all parties acknowledge the discussion regarding performance and the comments within this monitor. Signatures do not indicate agreement.

BUSINESS REPRESENTATIVE(S)

** One of the business representatives listed below must match the signatory on the [WEX Timecard \(WIOA Form 18\)](#) or [OJT Timecard \(WIOA Form 20\)](#).*

NAME:

SIGNATURE:

DATE:

NAME:

SIGNATURE:

DATE:

PARTICIPANT

SIGNATURE:

DATE:

DLR REPRESENTATIVE

NAME:

SIGNATURE:

DATE:

DLR Copy (upload into SDWORKS)

Business Copy

Participant Copy