

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...*

TRAINING METHOD	
Manuals	
Video	
Computer-Based	
Demonstration	
Other:	

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*KeyTrain Categories, O*Net Knowledge, Skills, Work Activities/Context, etc...*

TRAINING METHOD	
Manuals	
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Other:	

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

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TRAINING METHOD Manuals Video Computer-Based Demonstration Other:	

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

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

SKILL AREAS:	
<p>PROGRESS</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p>PERFORMANCE</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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<p>PROGRESS</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p>PERFORMANCE</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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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: _____ DATE:

DLR STAFF: _____ DATE:

INSTRUCTIONS: Scan into SDWORKS file Copies to business and participant

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