

**WORKFORCE SERVICES**

sdjobs.org

**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** \_\_\_\_\_**\*AGREEMENT END DATE** \_\_\_\_\_☐ PAID ☐ UNPAID☐ WORK EXPERIENCE☐ ON-THE-JOB TRAINING (OJT)

TOTAL HOURS: \_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_ X HOURLY RATE: \_\_\_\_\_ X 0.5

HOURLY RATE: \_\_\_\_\_

= OJT REIMBURSEMENT:

**TRAINING PLAN INFORMATION**SKILL AREA(S): \_\_\_\_\_ *(KeyTrain Categories, O\*Net Knowledge, Skills, Work Activities/Context, etc.)***TRAINING METHOD**

- ☐ MANUALS
- ☐ VIDEO
- ☐ COMPUTER-BASED
- ☐ DEMONSTRATION
- ☐ OTHER: \_\_\_\_\_

SKILL AREA(S): \_\_\_\_\_ *(KeyTrain Categories, O\*Net Knowledge, Skills, Work Activities/Context, etc.)***TRAINING METHOD**

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- ☐ DEMONSTRATION
- ☐ OTHER: \_\_\_\_\_

## AGREEMENT AND ACKNOWLEDGMENT

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

- ☐ All DLR paperwork must be completed before starting a new position. All parties agree to abide by regulations outlined in [Work Experience Policy 5.36](#) or [On-The-Job-Training Policy 5.28](#).
- ☐ Adult, Dislocated Worker, and SCSEP Work Experiences are limited to 25 hours per week. Youth are limited to 36 hours per week.
- ☐ DLR *will not* pay overtime for individuals on Work Experience, overtime hours may result in termination by DLR.
- ☐ DLR *will not* pay for hours exceeding the total hours listed in the WORK-BASED LEARNING EXPERIENCE section.
- ☐ DLR will complete Progress Reports to ensure progress is being made toward the training plan.
- ☐ Participants 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.
- ☐ The Agreement End Date is when the contract ends whether hours are completed or not.

## PARTICIPANT'S EMERGENCY CONTACT

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_ **PHONE NO.:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_ **PHONE NO.:** \_\_\_\_\_

*By signing below, all parties agree the training plan was developed jointly & 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:** \_\_\_\_\_