

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
WORKFORCE SERVICES
sdjobs.org

**REGISTERED APPRENTICESHIP PROGRAM
ON-THE-JOB LEARNING AGREEMENT**

APPRENTICE NAME:

Date of Hire: ____/____/____

Type of Training (job title): _____

EMPLOYER/BUSINESS/TRAINING ENTITY NAME:

Address _____
Street City State Zip

Employer Contact Name: _____ **Tel:** (____) _____ - _____

Title: _____

Name of Apprentice Supervisor (If different from above): _____ **Title:** _____

APPRENTICE RESPONSIBILITIES

- I agree to abide by the policies and procedures given to me by the work site.
- I agree to conduct myself in a responsible and courteous manner and treat my supervisor(s) and coworkers with respect.
- I agree to provide progress updates, pay stubs, and attend meetings with my Employment Specialist and Work Site Supervisor as requested.
- I understand that progress reports will be provided on my behalf.

PARTICIPANT SIGNATURE

_____/_____/_____
DATE

WORK SITE RESPONSIBILITIES

- I agree to provide a copy of the Registered Apprenticeship Program Appendix A.
- I agree to submit a copy of the Apprentice's ETA Form 671 after registration in the RAPIDS system.
- I agree to provide supervision of the apprentice and training as outlined in the Appendix A of our Registered Apprenticeship Program.
- I agree to advise DLR staff of any problems arising with the participant, e.g. attitude, respect of others, absences.
- I agree to provide progress updates and attend meetings with the DLR staff, and the Apprentice as requested.

WORK SITE SUPERVISOR SIGNATURE

_____/_____/_____
DATE

DLR STAFF RESPONSIBILITIES

- I agree to monitor progress with the On-the-Job training on a regular basis.
- I agree to support the participant and the work site and provide support when requested.

DLR REPRESENTATIVE SIGNATURE

_____/_____/_____
DATE