

## ON THE JOB TRAINING (OJT) RECOMMENDATION

**Participant Name:**

**Participant ID:**

**Counselor Name:**

**Employer:**

**Start Date:**

**Eligible for:**

WIOA Adult

EARN / Adult \_\_\_\_\_

WIOA Dislocated Worker (DW)

Other: \_\_\_\_\_

NDWG

**The following documents are attached to support this recommendation:**

Participant Resume

Case Notes

Job Description

Employment Development Plan

List of Critical Skills

Job Search Log

Assessment Results:

CareerScope

TABE

cTorq

Valpar

Job Task Analysis

WorkKeys – Reading, Locating, Math

O\*Net

WorkKeys – Talent, Fit & Performance

ProveIt!

Other: \_\_\_\_\_

Skilldex

PA CareerLink® Bucks County Title I Manager

The below signature denotes that all documentation has been signed and submitted and is accurate to the best of their knowledge.	
Printed Name and Signature	Date

PA CareerLink® Bucks County Director

The below signature verifies that all documents have been submitted and evaluated for completeness.	
Printed Name and Signature	Date

EDSI's Chief Financial Officer

The below signature denotes that this Agreement is approved fiscally.	
Printed Name and Signature	Date

Authorized Bucks County WED Representative

The below signature confirms that there are no contractual concerns with the Employer.	
Printed Name and Signature	Date

**ON THE JOB TRAINING (OJT) CONTRACT ADDENDUM**  
**TRAINING INFORMATION**

**Employer:**                               **Email Address:**

**Date of OJT Master Contract Signature:**     **Contract Number:**

**Location of Training Facility:**

Street Address:

City, State, Zip Code:

**Training will be provided by:**

Name(s):

Title(s):

Email Address:

Phone:

**PA CareerLink® Bucks County Representative:**

Name:

Title:

Email Address:

Phone:

**Training Information:**

Trainee Name:

PID:

Job Title:

SOCCode:

Days/week:

Job Posting Number:

Scheduled Work Hours:

Hours/day:

Start Date:

End Date:

Adjusted Start Date:

Adjusted End Date:

Max number of training days:

Starting hourly wage:

Max number of training hours:

Reimbursable wage:

Total contract reimbursement amount:

Possible increase: \$ \_\_\_\_\_

**ON THE JOB TRAINING (OJT) CONTRACT ADDENDUM**  
**VERIFICATION OF DOCUMENTATION**

**Employer Certification:**

As an addendum to the Master Training Agreement; your signature below confirms that the Department of Workforce & Economic Development Bucks County (WED) in cooperation with the PA CareerLink® Bucks County has the following current documentation on file:

- Employer's Equal Opportunity Policy
- Non-Discrimination Assurance
- Certification Regarding Lobbying
- Certification Regarding Debarment, Suspension and Ineligibility
- Certification Regarding Drug-free Workplace Requirements
- ADA/Monitoring Requirements
- Compliance with Audit Requirements
- Union Concurrence (for a represented workforce)
- Monthly Invoice & Progress Report (to be provided by the Employer with Regular Invoices)
- Training Plan Completion Report (to be provided by the Employer with the Final Invoice)

Additionally, signature below confirms that all training information on page 1 of the contract addendum is accurate and mutually agreed upon.

This Agreement shall be construed under the laws of the Commonwealth of Pennsylvania. If any provisions of this Agreement are determined to be invalid or unenforceable, all other provisions shall continue in full force and effect.

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Printed Name & Title of Authorized Representative

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Signature of Employer/Authorized Representative

Date

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Authorized Signature  
[Department of Workforce & Economic Development Bucks County]

Date

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Authorized Signature  
[EDSI]

Date

**PA CareerLink® Bucks County**  
**ON THE JOB TRAINING (OJT) CONTRACT MONTHLY INVOICE**

Please note: This invoice must be accompanied by a copy of:

1) the Employee's timesheets AND

2) Pay Stub or Appropriate Payroll Register with other employee information deleted or darkened.

This invoice must be received by the 10<sup>th</sup> working day of the following month.

Weekly hours/wages as approved under this Agreement (page 2) are to be recorded

Monthly Invoice - Month/Year: \_\_\_\_\_

Company Name:

Email Address:

Address:

City, State, Zip:

Contact:

Name of Employee:

Week Ending Date: \_\_\_\_\_

Total Weekly Hours: \_\_\_\_\_

Week Ending Date: \_\_\_\_\_

Total Weekly Hours: \_\_\_\_\_

Week Ending Date: \_\_\_\_\_

Total Weekly Hours: \_\_\_\_\_

Week Ending Date: \_\_\_\_\_

Total Weekly Hours: \_\_\_\_\_

Week Ending Date: \_\_\_\_\_

Total Weekly Hours: \_\_\_\_\_

Total Monthly Hours: \_\_\_\_\_ multiplied by reimbursement wage \_\_\_\_\_

Total amount to be reimbursed \$ \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Signatory

\_\_\_\_\_  
Title

**PA CareerLink® Bucks County  
OJT MONTHLY PROGRESS REPORT**

Please note: This form must be submitted with the Monthly Invoice.

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Employee:

Start Date:

Anticipated Completion Date:

Job Skill to be Learned	Total Training Hours Planned	Training Hours Expended	Training Hours Worked This Month	Training Hours Remaining	Skill Attained (Yes or No)

Are there any concerns with the rate at which the employee is progressing?  Yes  No  
If yes, please explain \_\_\_\_\_

Are there any other concerns such as attendance, lateness, etc.?  Yes  No  
If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Printed Name

\_\_\_\_\_  
Title

## TRAINING PLAN COMPLETION REPORT

Please note: This form must be completed and submitted with the Final Invoice.

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**Employee Name:**

**Job Title:**

**Start Date:**

**End Date:**

**Employer:**

**Supervisor:**

<b>Critical Skill Learned</b>	<b># of Training Hours</b>	<b>Start/End Dates</b>	<b>Evaluation Method(s)</b>	<b>Rating</b> <i>(P) Proficient</i> <i>(A) Adequate</i> <i>(M) Marginal</i>

*If more room is needed please make a copy of this form and continue with remaining information*