

Vocational Plan On-the-Job Training Agreement

PO Box 44169
Olympia WA 98504-4168
Fax: 360-902-6787

Worker Information

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|-------------|--------------|
| Worker Name | Claim Number |
|-------------|--------------|

Training Information

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|---|------------|--|----------|
| Training Site Name | | | |
| Training Site Address | City | State | Zip Code |
| Contact Person Name | Position | | |
| Trainer Name | Position | | |
| Work Position | DOT Number | | |
| Training Hours | | | |
| Wages (show progression and dates of increase if any) | | | |
| On-the-Job Training Agreement Start Date | | On-the-Job Training Agreement End Date | |
| Training Purpose (brief statement) | | | |
| Description of Job | | | |

Learning Objectives — Identify class/course or experiential learning dates and itemize skills to be acquired for each period. Go to page 3 to add more Learning Objectives.

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| Learning Objective Start Date | Learning Objective End Date |
| Trainee will learn: | |

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| Learning Objective Start Date | Learning Objective End Date |
| Trainee will learn: | |

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| Learning Objective Start Date | Learning Objective End Date |
| Trainee will learn: | |

Attach [Accountability Agreement \(F280-016-000\)](#) to vocational plan for trainee responsibilities.

Training provider agrees to:

- A. Provide training to enable the trainee to acquire skills outlined in the learning objectives identified above.
- B. Maintain daily attendance records on behalf of trainee's proposed training agreement during the period of training.
- C. Complete a monthly performance report provided by the vocational provider.
- D. Inform the vocational provider of any difficulties that the trainee has in performing the training, including attendance, physical capacity, motivation, or aptitudes.

The trainer does not guarantee employment and reserves the right to terminate the trainee according to the company's personnel policies.

Signatures

Trainee's Printed Name

Claim Number

Trainee's Signature

Date

Trainer's Printed Name

Trainer's Phone Number

Trainer's Signature

Date

Vocational Provider's Printed Name

Provider Number

Vocational Provider's Signature

Date

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|-------------|--------------|
| Worker Name | Claim Number |
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| Learning Objective Start Date | Learning Objective End Date |
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