

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

Worker Information

Worker Name	Claim Number
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Training Information

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.

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