

OJT Individual Training Plan

A separate Training Plan must be completed for each employee-trainee.
This Training Plan is hereby incorporated and made part of OJT Agreement # _____

Employer _____
Wage Reimbursement Amount _____
Participant Entry Wage _____

Participant _____
Last 4 SSN _____
Job Title _____

Beginning Assessment Rec'd
Signature & Date _____

Final Evaluation Signature
& Date _____

A. Training Outline

Description of the skill or training to be received – job descriptions and formally generated employer training plans may be attached but do not take the place of this training plan. Attach additional sheets as necessary.

Skills to be Attained	Expected Amount of Training Time per Skill & % of Training	Method of Training (Instruct, Observe, Practice, Demonstrate, Manual) (more than 1 ok)	Assessment to Determine Mastery of Skill	Start Date of Specific Skill Training & Supervisor Initials	Date of Skill Attainment & Supervisor Initials	Trainee Initials

Signatures below constitute agreement and incorporation into contract names above.

	Employer	Participant	CareerSource North Florida
Signature	_____	_____	_____
Printed Name	_____	_____	_____
Date	_____	_____	_____

B. Final Evaluation

To be completed by the Supervisor after training is complete.

Has participant attained sufficient skills to remain on the job? Yes No

After 30 day retention period, participant's hourly wage is \$ _____