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| **Trainee:** | **TWIST ID #:** |
| **Job Title:** | **SVP Code:** |
| **Employer Name:** | **Date:** |

**Funding Source:**  **WIOA Adult**  **WIOA Dislocated Worker**  **WIOA In-School Youth 14–21**

**WIOA Out-of-School Youth 16–24**

**TANF/Choices or Noncustodial Parent Choices programs**

**Other \_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- |
| **Skills To Be Acquired/**  **Training To Be Provided** | **Training Methods** | **Required Hours** | **Initial Capability** | **Proficient Skill Level**  **Upon Completion** |
| 1. |  |  | ENTRY LEVEL:  Intermediate:  Skilled:  **Date measured:** | Yes:  No:  **Date MEASURED:** |
| 2. |  |  | ENTRY LEVEL:  Intermediate:  Skilled:  **Date measured:** | Yes:  No:  **Date MEASURED:** |
| 3. |  |  | ENTRY LEVEL:  Intermediate:  Skilled:  **Date measured:** | Yes:  No:  **Date MEASURED:** |
| 4. |  |  | ENTRY LEVEL:  Intermediate:  Skilled:  **Date measured:** | Yes:  No:  **Date MEASURED:** |

\*\*Boards may add additional rows for training and skills, as needed.

Certification of Training Need

***A legitimate need for training and the expectations of continued employment for the individual completing training under this contract have been established by qualified Board staff. The OJT plan may be modified with approval of the Trainee, Employer, and Board.***

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| Trainee Signature: |  | Date: |  |
| Work Site Supervisor Signature: |  | Date: |  |
| Work Site Supervisor Name (Typed): |  | Date: |  |
| Workforce Solutions Office Staff Signature\*: |  | Date: |  |
| Workforce Solutions Office Management Signature\*: |  | Date: |  |
| Board Managing Director/Designee Signature\*: |  | Date: |  |

**\*Level of signature required to be determined by Board.**