



OEWD Form 125: OJT Worksheet

Trainee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Trainee WIA Eligibility (from box 94 of Workforce Investment Act Application):	
<input type="checkbox"/> Adult	<input type="checkbox"/> Dislocated Worker

Estimated Wage after Training: \$ \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

OJT Begin Date: \_\_\_\_\_ Proj. End Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ OES Code: \_\_\_\_\_

OBLIGATION OF FUNDS				
A	B	C	D	E
Trainee Name/Job Title	Employer Wage Rate	Rate of Reimbursement	Total Training Hours	Maximum Reimbursement (B x C x D)
	\$	50%		\$

By signing and transmitting this OJT Worksheet, the undersigned intends for the Office of Economic and Workforce Development to rely upon and act in accordance with all the information contained herein, as set forth in the OEWD Directive 23-12, On-the-Job Training (OJT) Policy dated July 1, 2012.

\_\_\_\_\_  
Trainee/Employee (signature and date)

\_\_\_\_\_  
Training Fund Manager (signature and date)

\_\_\_\_\_  
Trainee/Employee (printed)

\_\_\_\_\_  
Training Fund Manager (printed)

\_\_\_\_\_  
WIA Career Advisor (signature and date)

\_\_\_\_\_  
OEWD Representative (signature and date)

\_\_\_\_\_  
WIA Career Advisor (printed)

\_\_\_\_\_  
OEWD Representative (printed)