

**Office of Economic and Workforce Development
Workforce Development Division**



OJT COMPLETION EVALUATION

Employer: _____ Contract No: _____

Address: _____

Contract Period: From: _____ To: _____

Trainee: _____ Total Training Hours to Date: _____

Occupation: _____ OES Code: _____

Describe the training provided to the trainee:

I certify that the above named trainee has successfully completed the OJT and has satisfactorily acquired the skills appropriate for the job.

Signature of Employer

Date

Signature of Trainee

Date

Signature of Case Manager

Date