

OJT Individual Employment Plan

PROGRAM SUMMARY	Name of Employer:	
	Type of Business:	
	Reason for Hiring:	
	Name of Trainee:	
	Eligibility	
	Short Term/Long Term Goals and Follow-up services	
Statement of Need for Training		
Skills Gap Analysis		
Cost Analysis		
Labor Market/Demand Occupation		

JOB DESCRIPTION	Job Title of Trainee:	
	ONET SOC Code:	
	Brief Description of Job:	

TRAINING METHODOLOGY	Describe how the training will be provided: (explanation, demonstration, classroom, etc.)	
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TRAINING STAFF	Training Supervisor:	
	Primary Trainer:	
	Secondary Trainer:	
	Others providing training:	

TRAINING OUTCOME GOAL	<p style="text-align: center;">Upon successfully completing training goals outlined in the trainee's OJT contract, the trainee will maintain a full-time permanent position with _____</p>
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Trainee Signature:	LWIA #26 Service Provider Signature:
Signature:	Signature:
Position:	Position: Career Planner
Date:	Date: