Request for OJT Increase

LWIA #26 Local Policy No. 24

Provider Name: _____ Career Planner: _____

Participant Name: _____ Program Title _____

WorkSite Name: _____

OJT Start Date: _____ OJT End Date: _____

Participant's Hours Worked To Date of Request: _____ Participant's Earnings To Date of Request: _____

Request (Extend End Date, Increase Training Limit etc…) _____

Specific Reason for Request and Benefit (s) to Participant:

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LWIB Board Approval Date

_____ _____

Note: To be considered requests must include the modification of the Universal Career Plan in IWDS 2.0, OJT Contract, OJT Outline/Plan, OJT Progress Report , as well as other documention supporting the request.