

ON-THE-JOB TRAINING OUTLINE

Worker Name: _____ DOB (mm/dd): _____
 Job Title: _____ OSOS ID: _____
 Job Location: _____ O*Net Code: _____
 Job description: _____

OJT Start Date: _____ OJT End Date: _____
 Title: _____ Supervisor: _____
 Is this position subject to a Collective Bargaining Agreement? Yes No
 If "yes", specify the union. _____

<u>Specify each occupational skill to be learned on the job, including off-site training:</u> (Insert additional rows as needed)	# OJT Hours
a.	
b.	
c.	
d.	
e.	
f.	
g.	
h.	
i.	
j.	
k.	
l.	
m.	
n.	
o.	

BUSINESS AND NEW HIRE AGREEMENT SIGNATURE

Authorized Business Representative Name and Title

Authorized Business Representative Signature

Date

New Hire Candidate Name

New Hire Candidate Signature

Date