

On the Job Training Outline



Trainee Information

Name of Customer:	MACC ID#:
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Training Information

Employer:	
Title of Occupation:	O-NET Code : SVP Level:
Starting Wage:	Wage on Completion of Program:
Training Start Date:	Estimated Training End Date:

**Employer agrees to prepare and submit trainee progress reports at designated intervals.*

Training Outline

<i>Training Outline by Task</i>	<i>Required hrs. for training</i>	<i>Trainees current skill level</i>	<i>Estimated Hrs. for Proficiency</i>	<i>Skill Achieved Yes/No</i>	<i>Date Completed</i>	<i>Supervisor. Initial/ date</i>
		Not skilled <input type="checkbox"/> Some skilled <input type="checkbox"/> Skilled <input type="checkbox"/>		Not skilled <input type="checkbox"/> Some skilled <input type="checkbox"/> Skilled <input type="checkbox"/>		
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