Transitional Job Training Outline



**Trainee Information**

|  |  |
| --- | --- |
| Name of Customer: | MACC ID#: |

**Training Information**

|  |  |
| --- | --- |
| Employer: |  |
| Title of Occupation: | O-NET Code : |
| Wage: |  |
| Training Start Date: | Estimated Training End Date: |
| ***\*Employer agrees to prepare and submit trainee progress reports at designated intervals.*** | |

**Training Outline**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Classroom*** *Training Outline by Task* | *Estimated CR Hours* | *Skill Achieved*  *Yes/No* | | *Date*  *Completed* | | *Supervisor Initial/ date* | | |
|  |  | Not skilled ❑  Some skilled ❑  Skilled ❑ | |  | |  | | |
|  |  | Not skilled ❑  Some skilled ❑  Skilled ❑ | |  | |  | | |
|  |  | Not skilled ❑  Some skilled ❑  Skilled ❑ | |  | |  | | |
|  |  | Not skilled ❑  Some skilled ❑  Skilled ❑ | |  | |  | | |
|  |  | Not skilled ❑  Some skilled ❑  Skilled ❑ | |  | |  | | |
|  |  | Not skilled ❑  Some skilled ❑  Skilled ❑ | |  | |  | | |
|  |  | Not skilled ❑  Some skilled ❑  Skilled ❑ | |  | |  | | |
| **Total Required Classroom Hrs** | **10** |  | | | | | | |
| **Total Classroom** **-REQUIRED** hours are 2 hrs a week (**10 HRS TOTAL**)  **Total OJT** -**REQUIRED** at least 23 hours a week (**190 Hrs Total**)  Total **TJ** Work Experience Hours Reimbursement: **200 HOURS** | | | | | | | | | |
| ***On The Job Training*** *Outline by Task* | *Estimated OJT Hours* | | *Skill Achieved*  *Yes/No* | | *Date*  *Completed* | | *Supervisor Initial/ date* |
|  |  | | Not skilled ❑  Some skilled ❑  Skilled ❑ | |  | |  |
|  |  | | Not skilled ❑  Some skilled ❑  Skilled ❑ | |  | |  |
|  |  | | Not skilled ❑  Some skilled ❑  Skilled ❑ | |  | |  |
|  |  | | Not skilled ❑  Some skilled ❑  Skilled ❑ | |  | |  |
|  |  | | Not skilled ❑  Some skilled ❑  Skilled ❑ | |  | |  |
|  |  | | Not skilled ❑  Some skilled ❑  Skilled ❑ | |  | |  |
|  |  | | Not skilled ❑  Some skilled ❑  Skilled ❑ | |  | |  |
|  |  | | Not skilled ❑  Some skilled ❑  Skilled ❑ | |  | |  |
|  |  | | Not skilled ❑  Some skilled ❑  Skilled ❑ | |  | |  |
| **Total OJT Hours** | **190** | |  | | | | |

***AT THE START OF TRAINING***:

WFWV Staff Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***AT THE COMPLETION OF TRAINING:***

Trainee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_