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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_