

## Training Agreement Employee OJT

Name of Employee: \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
(as it appears on the tax ID)

Company Tax ID #: \_\_\_\_\_ W-9 Completed: Y \_\_\_\_ N \_\_\_\_

Business Address: \_\_\_\_\_

Business Contact: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Supervisor: \_\_\_\_\_

# Hours/Wk: \_\_\_\_\_ Wage/Hr: \_\_\_\_\_

Work Schedule:

Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Split

Workers Comp Coverage: Y \_\_\_\_ N \_\_\_\_

Job Title: \_\_\_\_\_

SOC Code: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Est. End Date: \_\_\_\_\_

### OJT FORMULA

$$(\$ \frac{\text{OJT Wage}}{\text{OJT Wage}} \times \frac{\% \text{ Reimbursed}}{\% \text{ Reimbursed}}) \times \frac{\# \text{Hrs/Wk}}{\# \text{Hrs/Wk}} \times \frac{\# \text{Wks}}{\# \text{Wks}} = \text{Contract Total}$$

**IVRS Responsibilities:**

1. IVRS Staff will provide support to the Employer and the Employee during the training period and will be available for follow-up after the training is completed.
2. IVRS Staff will assure that payment is made to the employer following receipt of billings for 50% of Employee wages for agreed upon time.
3. IVRS Staff will assist Employee in identifying what reasonable accommodations may be required to perform the essential functions of the position. IVRS Staff may assist the Employee in negotiating for reasonable accommodation with the Employer.
4. IVRS Staff will complete W9 and obtain a copy of the Certificate of Insurance (to verify workers comp).

**Employer Responsibilities:**

1. Employer agrees that the intention of the OJT program is that the Employee will be retained following training if the performance is satisfactory.
2. Employer will assure that the Employee is covered under the employer's Workers Compensation insurance.
3. Employer will pay 100% of the wages to the Employee.
4. Employer will provide for any reasonable accommodations that may be necessary.
5. Employer will submit billings as agreed.
6. Employer may be asked to submit copies of the Employee time card(s) and any corresponding payroll registers.
7. Employer will submit completed monthly evaluation of Employee performance to IVRS staff.

**Employee Responsibilities:**

1. Employee will attend work as scheduled.
2. Employee understands that there is an employer/employee relationship.
3. Employee agrees to return all equipment purchased by IVRS if the training does not result in employment.
4. Employee will maintain contact with the IVRS Staff as determined at the time this agreement is established.
5. Employee will contact IVRS Staff if any problems should arise.
6. Employee will ask questions necessary to learn the job.
7. Employee will follow instructions and accept supervisory correction and direction.

This agreement is between IVRS, the Employer, and the Employee. The purpose of the agreement is to clarify the operation of the On the Job Training Program. It is expected that the Employee will be retained past the training period should the employer evaluate the worker's performance as satisfactory. The employer is encouraged to consult with the IVRS Staff for any training concerns. Should there be any questions; the employer is encouraged to contact the IVRS Staff at the contact number below.

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Employer Signature

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Date

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IVRS Representative Signature

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Date

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Employee Signature

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Date

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[Counselor Name]  
[Counselor Address]  
[Counselor Phone]

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(Email address)