

ON-THE-JOB TRAINING AGREEMENT

AGREEMENT							
<p>This agreement is entered into by the Employer and Service Provider below to provide On-the-Job Training (OJT). Either party may terminate this Agreement as outlined in the provisions set forth in the attached documents. Furthermore, this agreement is not binding until executed by all three parties: Employer, Service Provider, and Trainee.</p>							
Agreement Number: _____		Beginning Date: _____					
Funding Source: _____		Approximate End Date: _____					
EMPLOYER			SFW SERVICE PROVIDER				
Company Name: _____			Company Name: _____				
Address: _____			Address: _____				
City/State/Zip: _____			City/State/Zip: _____				
F.E.I.D. / NAICS Code : _____ / _____			Telephone Number: _____				
Authorized Rep / Title: _____ / _____			Contact Person: _____				
Telephone / Fax: _____ / _____			Telephone / Fax: _____ / _____				
E-mail: _____			E-mail: _____				
TRAINEE			OCCUPATION				
Name: _____			Title: _____ (SVP 3 = 161 – 480 hours)				
SS#: _____ # of Participants: <u>1</u>			SVP Level : _____ (SVP 4 = 481 – 1,040 hours)				
Incumbent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Previous							
TRAINING FACILITY			INSTRUCTOR				
Address: _____			Name: _____				
_____			Title: _____				
City / Zip Code: _____			Telephone Number: _____				
REIMBURSEMENT							
<p>Reimbursement for wages under this agreement shall be based on the hourly wage and percent of reimbursement listed below, for the competencies/skills outlined in the Training Outline on page two of this agreement, and in accordance with the payment method detailed in Attachment A. Submission of original, signed, and dated competency certifications, an invoice, and authorized payroll records supporting the invoice, are required for reimbursement.</p>							
(a) Total Number of Training Hours (Min = 161) (Max = 1,040)		(b) Hourly Wage Rate		(c) Rate of Reimbursement (Max = 50%)		(d) Total Maximum Reimbursement [d = a * b * c]	Hourly Wage Rate at Completion No less than :
_____	*	\$ _____	*	_____ %	=	\$ _____	\$ _____

COLLECTIVE BARGAINING AGENT CONCURRENCE			
A. Does a collective bargaining agreement cover the operation offering employment and training?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
B. If Yes, have you notified the appropriate collective bargaining representative as to the On-The-Job Training Program and the rates of pay associated herein?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
C. If Yes, have you received any notice of non-concurrence from the appropriate collective bargaining representative?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
TRAINING OUTLINE & COMPETENCY CERTIFICATION			
Competencies/Skills to be acquired through OJT (Attach additional sheets when list exceeds the space provided below. Label the last competency/skill to be attained "FINAL".)	Approximate Training Hours Per Comp/Skill	Instructor's Signature	Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
EMPLOYER	SERVICE PROVIDER		
<p>I understand and shall abide by this training agreement and all provisions of its attachments. The undersigned, as the duly authorized representative of the Employer, has authority to commit the Employer to this agreement. I certify that either I or a representative of this company shall provide On-the-Job Training in the manner described in the Training Outline for the time period specified in this agreement. I also certify that nepotism has been discussed with me by the Service Provider and is absent from the activities covered by this agreement. I further certify that employees trained under this agreement will be covered by worker's compensation insurance as is consistent with Chapter 440 of the State of Florida Statutes.</p> <p>If signature of person other than employer, a separate letter from the employer authorizing the signatory must accompany this contract.</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>=====</p> <p style="text-align: center;">ATTACHMENTS</p> <p>A. Payment Method B. Definitions, Requirements, & Limitations C. Assurances & Certifications</p>	<p>I certify that the customer to be trained under this agreement has been recruited by this office in compliance with SFW procedures; and, that nepotism has been discussed with both the participant and the employer and are absent from the activities covered by this agreement.</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>=====</p> <p style="text-align: center;">TRAINEE</p> <p>I hereby certify that I do not possess the skills to be acquired through this agreement; nor have I worked for this or another employer performing functions similar to those to be taught; and that the Service Provider has discussed nepotism and it is absent from the activities covered by this agreement.</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Name: _____</p> <p>Title: _____</p>		