

# OJT Training Agreement

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

Name of Business: \_\_\_\_\_  
(As it appears on the Tax ID)

Company Tax ID #: \_\_\_\_\_ W-9 Completed: Yes No

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

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

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

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

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

Work Schedule:

Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Split

Workers Comp Coverage: Yes No

*(If checked no, IVRS cannot support the OJT.)*

Job Title: \_\_\_\_\_ SOC Code: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Estimated Ending Date: \_\_\_\_\_

## OJT FORMULA

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

### IVRS Responsibilities:

1. IVRS Staff will provide support to the Business 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 Business 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 Business.

**Business Responsibilities:**

1. Business agrees that the intention of the OJT program is that the Employee will be retained following training if the performance is satisfactory.
2. Business covers the Employee under the Business's Workers Compensation insurance.
3. Business pays 100% of the wages to the Employee.
4. Business provides for any reasonable accommodations that may be necessary.
5. Business submits copies of the Employee pay stubs for wage reimbursement.
6. Business communicates with the team monthly to discuss progress.

**Employee Responsibilities:**

1. Employee will attend work as scheduled.
2. Employee understands that there is a business/employee relationship.
3. Employee may 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 Business, 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 Business evaluate the worker's performance as satisfactory. The Business is encouraged to consult with the IVRS Staff for any training concerns. Should there be any questions; the Business is encouraged to contact the IVRS Staff at the contact number below.

\_\_\_\_\_  
Business Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
IVRS Representative Signature

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date