

WEST PIEDMONT WORKFORCE INVESTMENT BOARD ON-THE-JOB TRAINING CONTRACT AND APPLICATION

EMPLOYER NAME: _____ CONTRACT NUMBER: _____
ADDRESS: _____ BEGINNING DATE: _____
CITY: _____ STATE: _____ ZIP: _____ ENDING DATE: _____
PHONE: _____ TOTAL CONTRACT AMOUNT: _____
CONTACT PERSON: _____

PURPOSE OF CONTRACT

To operate a Workforce Investment Act, On-the-Job Training (OJT) Program outlined within. This program is to provide training for an occupation within your business as contained in the attached Statement of Work.

SCHEDULE - DESCRIPTION OF TRAINING ATTACHED

- | | |
|--------------------------------|--------------------------------|
| 1. Statement of Responsibility | 3. Budget Information Summary |
| 2. Statement of Work | 4. Trainee Information Summary |

TO THE CONTRACTOR

The undersigned hereby acknowledge receipt of a copy of the OJT Training Site Manual and will comply with the provisions contained therein and any subsequent changes thereto throughout the life of this contract. The provisions in the OJT Training Site Manual are hereby incorporated by reference and made part of this contract.

AWARDED WITH THE FOLLOWING EXCEPTIONS:

SUBMIT ALL CORRESPONDENCE TO:

[INSERT WORKFORCE CAREER CENTER INFORMATION AND CONTACT INFORMATION]

SIGNATURE/TITLE OF WIA PROGRAM OPERATOR REPRESENTATIVE

DATE

SIGNATURE/TITLE OF PERSON AUTHORIZED TO SIGN CONTRACT
FOR OJT TRAINING FACILITY

DATE

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A. Your organization operates as:

- _____ Proprietorship
- _____ Partnership
- _____ Corporation
- _____ Public Agency

- B. Is your organization minority owned?
- C. Is your organization a small business
- D. Is collective bargaining agreement used
- E. Does your agency have a grievance procedure for its employees regarding terms and conditions of employment?
If not, WIA employees may use the procedure provided by the WIA Program Operator.

	Yes	No
B.		
C.		
D.		
E.		

- F. Total number of persons to be trained under this contract: _____
- IRS Number: _____
- State UI Number: _____

- G. Does your agency have a worker's compensation or equivalent accident insurance in effect?
- H. Has your agency been cited by OSHA or the State Regulatory Agency for any safety violations?
- I. Do you currently have any participants in a lay-off status affecting the occupation (s) for which this contract is being written?

	Yes	No
G.		
H.		
I.		

Funds obligated within this contract are good for 90 days. At that time, if there are vacant slots, these funds will be de-obligated.

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ON-THE-JOB TRAINING EXTRAORDINARY TRAINING COST DOCUMENTATION FORM

OJT Training Site: _____
 Title of Training Occupation: _____
 DOT/SVP Codes: _____
 Allowable Training Duration: _____
 Proposed Training Duration: _____

EXTRAORDINARY TRAINING COST BREAKDOWN

I. SUPERVISION/TRAINING

(A) Staff Position: _____
 (B) Hours of Individualized Supervision/Training: _____
 (C) Cost Per Hour\$: _____
 (D) Position Cost (B x C): _____

(A) Staff Position: _____
 (B) Hours of Individualized Supervision/Training: _____
 (C) Cost Per Hour \$: _____
 (D) Position Cost (B x C) _____

II. LOST/LOWER PRODUCTIVITY FACTOR

(A) Projected Lost/Lower Productivity Hours: _____
 (B) Client Entry Wage Rate: _____
 (C) Lost/Lower Productivity (A x B) _____

III. WASTE FACTOR

Projected Waste Factor Cost During Training: _____

IV. OTHER EXTRAORDINARY TRAINING COST

Training Item	Cost

EXTRAORDINARY TRAINING COST SUMMATION

1. Supervision/Training:	\$ _____
2. Lost/Lower Productivity Factor	\$ _____
3. Waste Factor	\$ _____
4. Other	\$ _____
Total Extraordinary Training Costs	\$ _____

TRAINING COST BREAKDOWN

(A) Total Extraordinary Training Costs:	\$ _____
(B) Proposed Training Duration:	_____
(C) Extraordinary Training Cost Per Hour (A ÷ B):	\$ _____
(D) Client Entry Wage Rate:	\$ _____
(E) 50% of Client Entry Wage Rate (D x .5)	\$ _____
(F) Training Payment Rate C or E, whichever is less):	\$ _____

NOTE: All costs previously listed are solely projections of the extraordinary training costs involved in training a disadvantaged client in the occupation of _____ for a total of _____ Training hours for fixed unit price negotiation purposes only.

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Costs listed are not intended to be used for audit purposes as they are based on projections and not actual expenditures.

OJT Training Facility Representative

DATE

Program Operator Representative

DATE

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BUDGET INFORMATION SUMMARY

- a) OCCUPATION: _____
- b) D.O.T.: _____ SVP CODE: _____
- c) NO. INDIVIDUALS TO BE TRAINED: _____
- d) HOURS OF TRAINING PER INDIVIDUAL*: _____
- e) INDIVIDUAL CUSTOMER WAGE RATE: _____
- f) NEGOTIATED PRICE FOR EACH HOUR OF TRAINING RECEIVED **: \$ _____
- g) TOTAL PRICE FOR TRAINING HOURS IN THIS OCCUPATION: \$ _____
- SHOW COMPUTATION (c x d x f = g): _____
- h) OTHER COMPONENT COSTS: _____

GRAND TOTAL OF CONTRACT (f & g)

EMPLOYER NAME

CONTRACT NUMBER

* May not exceed 6 months, whichever is greater.

** Negotiated price of each hour of training cannot exceed 50% of the customer wage rate specified in (e).

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STATEMENT OF WORK/JOB SPECIFIC SKILLS RATING SHEET

OCCUPATION: _____ CONTRACT NO.: _____
DOT CODE: _____ SVP CODE: _____
EMPLOYER: _____
NO. OF SLOTS: _____ PROGRAM ACTIVITY: _____

TRAINING OUTLINE

Provide your Job Description of this occupation as performed in your company:

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TRAINEE INFORMATION SUMMARY

EMPLOYER: _____

CONTRACT NUMBER: _____

Trainee (s)	S.S. Number	Occupation	Training Entry Date	Projected Completion Date

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MODIFICATION OF CONTRACTS

1. Modification No. : _____
 2. Effective Date: _____
 3. Modifies Contract No. : _____
 4. Date Contract went into effect: _____
-

Career Center Name and Address

Employer Name and Address

DESCRIPTION OF MODIFICATION

Except as provided herein, all terms and conditions of the contract referenced above remain unchanged and in full effect.

Signature of OJT Representative: _____ Date: _____

Signature of OJT Employer: _____ Date: _____

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OJT EMPLOYER PRE-AWARD REVIEW

Company Name: _____

Address: _____

Phone: _____ Contact Person: _____

- _____ Client hire was significantly influenced by OJT funding.
- _____ Company will allow OJT participant to be governed by same rules and regulations as other employees.
- _____ Company agrees to abide by EEO policies when hiring WIA participants.
- _____ Company agrees to provide worker's compensation or equivalent accident insurance.
- _____ OJT position meets requirement of full-time, permanent status.
- _____ Company verifies no employees currently in layoff in this position.
- _____ Company verifies WIA funds will not be used to relocate operations in whole or in part.
- _____ Company verifies there is sufficient work and/or equipment to continue in business in the absence of WIA funding.
- _____ OJT participant is not experienced in this occupation.
- _____ Participant has not previously been employed by the company in the same or similar position nor is the OJT occupation an upgraded job.
- _____ Company has not had two or more previous OJT contracts exhibiting a pattern of failing to provide OJT participants continued long-term employment as regular employees with wages and working conditions at the same level and to the same extent as similarly situated employees.

COMMENTS:

AGENCY REPRESENTATIVE

DATE

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WORKFORCE INVESTMENT BOARD OJT MONITORING CHECKLIST

WIA Program Operator:

OJT Training Site:

Client:

YES NO*

- _____ _____ Is the contract for eight (8) weeks or more duration?
- _____ _____ Is the contract for no more than 6 months.
- _____ _____ Was there a pre-award review with the OJT Training Site?
- _____ _____ Did the OJT Training Site receive an OJT manual?
- _____ _____ Does the OJT Training Site have Worker's Compensation Insurance or equivalent accident insurance?
- _____ _____ Does the OJT Training Site have an IRS employee number?
- _____ _____ Does the OJT Training Site have an U.I. number?
- _____ _____ Does the OJT Training Site have grievance procedures?
- _____ _____ Does the OJT Training Site manual meet all specifications outlined in the WIA Manual (revised 8/00)?
- _____ _____ Has the OJT Training Site received contact from Program Operator staff?
- _____ _____ Are clients being counseled by Program Operator staff?
- _____ _____ Is the client being trained in an occupation where he has no previous experience?
- _____ _____ Will the client be continued in employment after training?
- _____ _____ Is the client appropriately supervised?
- _____ _____ Was there a Statement of Work?
- _____ _____ Does the Statement of Work outline specific supervision functions?
- _____ _____ Was client being trained for occupation described in the Statement of Work?
- _____ _____ Has client received contact from Program Operator staff?
- _____ _____ Is there documentation that the OJT fixed unit price was negotiated and that it was based upon projected extraordinary costs and lower productivity during training?
- _____ _____ Is the fixed unit price 50% or less of the participant wage rate?
- _____ _____ Is it the case that the participant is not participating in sectarian or political activities during hours of training?
- _____ _____ Was length of training determined by SVP codes?
- _____ _____ Claims for payment are valid, proper and substantiated by payroll and time and attendance records.
- _____ _____ Terms of the OJT agreement have been compiled with prior to payments being made for training.
- _____ _____ -Has the customer received a the Work Keys assessment prior to starting the OJT?
- _____ _____ Other:

* All "NO" answers must be explained below.

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WIA PROGRAM OPERATOR REPRESENTATIVE

DATE

STATEMENT OF RESPONSIBILITY

I. OJT TRAINING SITE RESPONSIBILITIES

OJT training site agrees to assume the following responsibilities:

1. Hire, train, and retain the WIA participant in a full-time position (minimum 30 hours per week) within the agency.
2. Disallow nepotism on the part of the OJT training site.
3. Allow WIA participants to be subjected to the same rules and regulations that govern other employees.
4. OJT participants shall be compensated by the OJT Training Site at the same rate, including periodic increases not related to individual performance, as similarly situated employees or trainees, but in no event less than the highest of the minimum wage prescribed under the Fair Labor Standards Act of 1938, as amended, or applicable state or local minimum wage laws.
5. Provide Worker's Compensation or equivalent accident insurance.
6. Provide unemployment insurance to the WIA participant, if required of the OJT training site by state regulations.
7. Follow an EEO/AA policy when hiring the WIA participant.
8. Provide units of training as contracted for and contained herein in the occupation specified.
9. Obtain written concurrence to operate an OJT training program from the local union, if collective bargaining agreement is used within the OJT training site.

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10. Permit the training site to be monitored during the course of training.
11. Ensure that no participant is employed in a position created by terminating a regular employee in order to fill the vacancy by hiring a WIA participant under OJT.
12. Ensure that no participant is in a position that will infringe upon the promotional opportunities of currently employed individuals.
13. Comply with all requirements contained in the OJT training site manual.
14. Will submit properly completed invoices, attendance records, evaluation reports, and any additional documentation required by the WIA service provider.
15. Will maintain adequate time and attendance, payroll, and other records to support amounts received under the OJT contract.
16. OJT occurs while the participant is engaged in productive work which provides knowledge and skills essential to the full and adequate performance of the job.

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II. WIA PROGRAM OPERATOR RESPONSIBILITIES

WIA program operator agrees to assume the following responsibilities:

1. Provide all outreach/recruitment of OJT participants.
2. Provide client assessment prior to placement at the OJT training site.
3. Will review client assessment with OJT training site to insure coordination of training efforts.
4. Will refer only participants to the OJT Training Site who have been assessed and for whom OJT has been documented as an appropriate activity in the participant's individual employment plan.
5. Will provide technical assistance concerning OJT requirements to the OJT training site.
6. Provide ongoing counseling to OJT participants.
7. Conduct on-site monitoring and follow-up of training activities and client progress. Monitoring will insure the validity and propriety of amounts claimed for payment, that claims for payment are substantiated by payroll and time and attendance records, and that training is provided as specified in the contract. Compliance of contract terms will be verified prior to payment being made.

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8. Will provide timely payment to OJT training site for units of training provided the OJT participant upon receipt of a properly completed OJT Invoice and Individual Trainee Time and Attendance Report. Method of payment will be by check and will be computed by multiplying the payment rate per training unit by the total training units delivered during the billing period.
9. Insure that all youth dropouts who are OJT participants are enrolled in school, GED, or alternative schooling.

COMPLETION/TERMINATION NOTICE

Contracting Employer: _____ Location: _____

OJT Contract Number: _____

OJT Enrollee: _____ SS. No.: _____
(Last Name) (First) (Middle)

Completed On-the-Job Training: Yes[] No[]

Still Employed: Yes[] No[]

Date Completed: _____ / _____ / _____
(Month) (Day) (Year)

Wage after OJT completion: \$ _____ /hour

Termination Information: Date of Termination _____ / _____ / _____
(Month) (Day) (Year)

Reason (check one): Discharge [] Quit []
Entered School [] Health []

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Entered Military	[]	Transportation	[]
Moved from area	[]	Other	[]
Other Employment	[]		

Name of New Employer (if applicable): _____

Start Date: _____ / _____ / _____
(Month) (Day) (Year)

Wage: \$ _____ /hour
