

State of Utah

Department of Workforce Services ON-THE-JOB (OJT) / WORKSITE BASED TRAINING (WBT) **AGREEMENT**

This OJT/WBT Agreement specifies the services to be provided by the employer and the Utah State Office of Rehabilitation (USOR) in establishing an OJT/WBT program for:

1.	Client/Trainee Infor	nation:	
	Client/Trainee Name	:	_
			_
			_
			_
	E-mail Address:		
2.	VR Counselor Information:		
	Counselor Name:		
	Office Address:		
	Office Phone:		
3.	Employer Information		
	Employer Name: _		
	OJT Supervisor/Trai	ner:	
4.		End Date:	
5.	Training and Occupational Information:		
			_
6.	Dates:	Knowledge/Skills/Abilities to be Taught:	

7. Em	ployer Expectations - The employer agrees to:			
A.	Provide training for the client as outlined in number 5 above.			
В.	Pay trainee's <u>wages</u> as follows: \$ per	Hour		
	(NOTE: The payment amount and schedule should be at least of	commensurate with the		
	prevailing wage for the position within the organization.	,		
C.	Pay for and provide the client with social security, worker's compen			
	insurance coverage, and fringe benefits normally provided to other	•		
D.	 Submit written training progress reports as negotiated (Form USOR-72) on the client/trainee t the VR Counselor. 			
E.	Submit billing to the VR Counselor at the end of each month or as r	needed for reimbursement		
	for training costs. (Example: 100 hours OJT @ \$7.25 per hour = \$7	25.00)		
F.	Hire the trainee upon successful completion of the OJT program if a	a position is available.		
8. Uta	h State Office of Rehabilitation (USOR) Expectations - The USO	R VR Counselor agrees to:		
Α.	Pay the employer/trainer a negotiated training fee as follows:			
В.	When appropriate, furnish equipment, tools, and supplies that are r	equired by the client/trainee		
	for training and/or employment.			
C.	Provide technical assistance, counseling, support, and follow-up to	the employer and/or		
	client/trainee in resolving problems that may arise during the period	• •		
9. Cli	ent/Trainee Expectations - The client/trainee agrees to:			
A. Learn and understand the policies and procedures of the employer/company.				
	B. Follow the training schedule (as provided in this agreement).			
	Learn the knowledge, skills, and abilities identified in this agreemen	ıt.		
	D. Maintain open communication at least monthly (or as necessary) with his/her employer/train			
	and VR Counselor while in the OJT program.			
E.	Report immediately to the employer/trainer and VR Counselor any	circumstances that might		
	affect continued eligibility in the OJT program (e.g. illness, change of			
	en eur eur maneur englanns, in mer eur programm (englannseur, en ansige i			
	igreement may be terminated at any time by the employer/trainer, VF	R Counselor, and/or		
client/	trainee.			
Emp	loyer/Trainer Signature:	Date:		
	nt/Trainee Signature:			
VR Counselor Signature: Date:				
Cc:	Employer, Client, VR Counselor			

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