

MONITORING OJT

Employer _____ Position _____

Position _____

Position _____

OJT Contract Period _____ to _____

Contract Amount _____ Contract Hours _____

What is the process for insuring no OJT contracts are used to provide funding for the employer that has relocated within 120 days?

What is the process for insuring the employer does not have any individuals in lay off status?

Is the contract for earning a self-sufficient wage?

How do you verify the following?

- Benefits and working conditions at the same level as other employees working s similar length of time and doing the same type of work?
- Health and safety standards applied equally to program participants and other employees
- Copy of workers' compensation payment
- Employer compliance with non discrimination policies

How do you determine an employer is a candidate for OJT?

What is the criterion for modifying an OJT contract?

What is the process for insuring reimbursement of wages is paid in a timely manner to the employer?

Copy of Completion Certificate for each OJT participant submitted to WIB?

Verify Total Wages paid in accordance with contract

Position _____ Hourly Rate \$ _____ Time Period _____

Position _____ Hourly Rate \$ _____ Time Period _____

Position _____ Hourly Rate \$ _____ Time Period _____