Worksite Training Plan

Section 1: Trainee Information

NAME:		LAST FOUR:	PHONE:
ADDRESS:		E-MAIL:	

Section 2: Worksite Contact Information

BUSINESS NAME:	CONTACT:	PHONE:
ADDRESS:		E-MAIL:

Section 3: Training Information
(Complete The Occupational Information For The trainee's Skill Level)

JOB TITLE:	O*NET :
CONTRACT NUMBER:	JOB DESCRIPTION (ATTACHED)
WORKSITE'S ENTRY WAGE:	TRAINEE WAGE RATE:
WORKSITE TRAINING BEGIN DATE:	WORKSITE TRAINING END DATE:

TRAINING TYPE: OJT   Internship   Work Experience

#	REQUIRED JOB SKILLS FOR OCCUPATION:	CAPABILITY:	TRAINING HOURS:
1		NOT SKILLED: SOME SKILL:	
2		NOT SKILLED: SOME SKILL:	
3		NOT SKILLED: SOME SKILL:	
4		NOT SKILLED: SOME SKILL:	
5		NOT SKILLED: SOME SKILL:	
6		NOT SKILLED: SOME SKILL:	
7		NOT SKILLED: SOME SKILL:	
8		NOT SKILLED: SOME SKILL:	
9		NOT SKILLED: SOME SKILL:	
10		NOT SKILLED: SOME SKILL:	

Please include additional training information below as needed:

Section 4: Schedule
The schedule listed below is the planned training schedule.

Expected Training Schedule

Monday   _____   to   _____

Tuesday   _____   to   _____

Wednesday   _____   to   _____

Thursday   _____   to   _____

Friday   _____   to   _____

Saturday   _____   to   _____

Sunday   _____   to   _____

Section 5: Signatures
All parties agree that the skills and hours listed above are relevant to the training goals and needs of the trainee referenced in section 1 of this plan.

Alachua County   **EMPLOYER**

SIGNATURE: _____   SIGNATURE: _____

TYPE/PRINT NAME: _____   TYPE/PRINT NAME: _____

TITLE: _____   TITLE: _____

DATE: _____   DATE: _____

TRAINEE
SIGNATURE: _____

TYPE/PRINT
NAME: _____

Date: _____