

**Instructions**

VRS staff reviews and informs the employer participating in the VRS On-the-Job Training (OJT) of the following:

- The purpose of the training is to
  - provide the necessary skills and knowledge essential to demonstrate adequate performance on the job for the position the trainee has been hired; and
  - assist the customer in maintaining permanent employment after the completion of the trainee's On-the-Job Training.
- The VR staff follow the purchasing guidelines in [VRSM Part D, Chapter 3: Purchasing Goods and Services](#) in addition to the applicable guidelines in [VRSM Part C, Chapter 10.4: On-the-Job Training](#).
- The employer must be set up as a VRS vendor prior to the start of VRS-sponsored On-the-Job Training.
- The trainee must be both an employee of the business and a VRS customer.
- The training outlined in the purchase order must be provided by experienced staff.
- VRS can reimburse the employer for:
  - the expense of training the customer that is in excess of the training cost of a new employee for the same or similar position who is not participating in the OJT; and
  - any wasted product produced during the training that is not put into the business's product inventory.
- VRS cannot reimburse the employer for any fees associated with the trainee's wages or benefits and this is not subject to any level of management exception or override.
- VRS cannot cover the cost(s) of the On-the-Job Training unless authorized by VRS through a purchase order issued prior to the cost being incurred.
- The employer cannot endorse the VRS payment for the OJT services and provide that to the customer in lieu of wages or other compensation.
- The employer will be paid upon receipt of an accurate, complete invoice and the VR3316 On-the-Job Training Progress Report for the trainee. At a minimum, invoices must be submitted every 30 days.
- The employer trains the customer in the skills necessary for the trainee to perform both essential and non-essential job duties.
- The length of an OJT depends on the skills to be learned and the trainee's learning ability.
- The VR counselor, customer, and employer agree to the parameters of the On-the-Job Training as included in the purchase order. This information can be updated as necessary.
- The employer must allow VRS to visit the business site to "check-in" on the VRS customer, (the trainee), as stated on a service authorization.
- Use the following table to calculate the allowable OJT-related costs for which VRS will reimburse the business. If you have questions, contact the applicable Regional Program Specialist, Regional Program Support Specialist, or State Program Specialist.

## Employer's Information

Business Name:

Business Street Address:

City:

State:

ZIP Code:

Business Set-up as VRS Vendor?

Yes

No

Vendor Identification #:

Business Contact's Name:

Business Contact's Phone:

Business Contact's Email:

Estimated Number of Staff Employed by the OJT Local Business site:

## Trainee's Identification Information

Trainee's Name:

VRS Case ID:

Associated S.A. number:

Trainee's Job Title:

First Day of Paid Employment (First day Worked)

MM/DD/YY:

First Day of OJT (first day trained):

MM/DD/YY:

Last Day of OJT (last day trained):

MM/DD/YY:

Number of Hours Working per Week:

Hourly Wage:

## Trainee's Training PLAN

Use this section to document the training planned and associated costs for the entire OJT. Record the trainee's training goals and activities below. Indicate how much training and the cost in the appropriate columns. If there are materials used in the training that will not be able to be used in the product(s) for sell or profit, indicate the cost. (For example: metal used in fabrication of table due to incorrect cuts). If there are no materials wasted record \$0.00 in the cell.

**Goal #1:**

Training Activities Related to Goal #1:	Trainer Time per Hour	Hourly Cost of Trainer	Total Trainer Cost	Estimated Cost of Wasted Material used in Training (if any)	


**Goal #2:**

Training Activities Related to Goal:	Trainer Time per Hour	Hourly Cost of Trainer	Total Trainer Cost	Estimated Cost of Wasted Material used in Training (if any)

**Goal #3:**

Training Activities Related to Goal:	Trainer Time per Hour	Hourly Cost of Trainer	Total Trainer Cost	Estimated Cost of Wasted Material used in Training (if any)



<b>Week 1:</b>	<b>Week 2:</b>	<b>Week 3:</b>	<b>Week 4:</b>	<b>Week 5:</b>
<b>Week 6:</b>	<b>Week 7:</b>	<b>Week 8:</b>	<b>Week 9:</b>	<b>Week 10:</b>
<b>Week 11:</b>	<b>Week 12:</b>	<b>*Week 13:</b>	<b>*Week 14:</b>	<b>*Week 15:</b>
<b>*Week 16:</b>	<b>*Week 17:</b>	<b>*Week 18:</b>	<b>*Week 19:</b>	<b>*Week 20:</b>
<b>*Week 21:</b>	<b>*Week 22:</b>	<b>*Week 23:</b>	<b>*Week 24:</b>	

**Comment (if any):**

## **On-the-Job Training Worksheet Meeting Signatures**

### **Employer or Employer's Representative Signature**

**By signing below, I, employer or employer's representative, agree with all the conditions contained in this On-the-Job Training Worksheet and certify that I am authorized to sign for the employer.**

**Print Name and Title:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **VR Counselor Signature**

**By signing below, I, the customer's Vocational Rehabilitation Counselor, agree with all the conditions contained in this On-the-Job Training Worksheet**

**VR Counselor's Printed Name:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_