

TECHNICAL ASSISTANCE

Date: 09/14/2022
Contact: policy@dwd.in.gov
Program: WIOA Adult and Dislocated Worker On-the-Job Training (OJT)
Subject: DWD Technical Assistance 2022-03, Change 1
Example OJT Program Templates

Purpose

The purpose of this guidance is to provide templates that may be used when developing local WIOA Adult and Dislocated Worker funded OJT programs. This document is intended to supplement DWD Policy 2022-02, Change 1 *Workforce Innovation and Opportunity Act (WIOA) Title I Adult and Dislocated Worker On-the-Job Training (OJT)*.

Change 1 Summary

- Updated policy reference to “DWD Policy 2022-02, Change 1”.

Attachments

Attachment A - Sample Training Pre-Award Review Template for New or Expanding Businesses

Attachment B - Sample Training Plan

Attachment C - Sample Monitoring Template

Additional Information

Questions regarding the content of this publication should be directed to policy@dwd.in.gov.

Attachment A

Sample Pre-Award Review Template for New or Expanding Businesses

Employer Information

Employer Name: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

City/State/Zip: [Click here to enter text.](#)

Employer Official – Name and Title: [Click here to enter text.](#)

Employer Official Phone: [Click here to enter text.](#)

Other names (including successor(s) in interest) under which the above employer has conducted or is currently conducting business: [Click here to enter text.](#)

Previous OJT Contracts

Has the employer previously participated in an OJT contract?

Yes

No

If yes, please answer the following:

How many OJT positions have been funded? [Click here to enter text.](#)

Of the number of previously funded positions:

- How many participants successfully completed the training? [Click here to enter text.](#)
 - How many participants were retained after the training contract ended? [Click here to enter text.](#)
 - How many received a wage increase and/or promotion after successfully completing their training plan? [Click here to enter text.](#)
-

Relocation Information

Has the above employer, any subsidiary, affiliates, or part thereof, relocated within the last 120 days to its current location?

Yes

No

If yes, please indicate the date upon which operations began at the new location.

[Click here to enter text.](#)

If the employer relocated within the last 120 days, did the move result in a loss of employment for any employee of the employer at the original location?

- Yes
- No

Current Employee Status

Are any employees currently on layoff from the same job classification(s) that will be included in the on-the-job training program?

- Yes
- No

If yes, have the employees been laid off for a minimum of 120 days or declined an offer to return to work?

- Yes
- No

Has the employer terminated the employment of any regular employee or caused an involuntary reduction in its workforce with the intention of filling the vacancy with OJT participants?

- Yes
- No

Was the OJT position created in a promotional line that infringes in any way on the promotional opportunities of currently employed workers?

- Yes
- No

Labor Consultation

Are the positions that are part of the on-the-job training program subject to a collective bargaining agreement?

- Yes
- No

If yes, provide a listing of all unions and contact information:

[Click here to enter text.](#)

Attestation and Validation

By my signature below, I attest, under penalty for perjury, that the above information is correct.

Signature of Employer Official Date

WorkOne/AJC Representative/Title Date

Attachment B Sample Training Plan

Automotive Technician: (O*NET Code) front-end mechanic (automobile service); alignment mechanic; axle-and-frame mechanic; chassis mechanic; wheel alignment mechanic.

Job Description: Aligns wheels, axles, frames, torsion bars, and steering mechanism of automotive vehicles, such as automobiles, buses, and trucks. Drives vehicle onto wheel alignment rack. Tests for bent axle, worn ball joints, and bent steering rods, using alignment testing machine. Straightens axle and steering rods and adjusts shims, tie rods, and joining pins to align wheels, or installs new parts using hand tools. Places wheel on balancing machine to determine where counterweights must be added to balance wheel. Hammers counterweights onto rim of wheel. Installs shock absorbers. Strengthens frame using hydraulic jack, chassis aligner, and acetylene torch.

Training Outline:

1. **Skill(s):** Learn to operate wheel alignment machines. Develop skills required to measure, caster, camber, toe-in, toe-out, and king pin inclination at requisite levels of precision for various types of systems used on contemporary passenger cars, i.e., double wish bone coil suspension systems, McPherson strut system, torsion bar system, etc.
 - a. **Trainer:** Assigned Lead Worker
 - b. **Estimated Training Hours:** 160
 - c. **Performance Measurement:** Demonstration of skills required to operate equipment and tools used to align front-end components according to specifications.

2. **Skill(s):** Instruction in the disassembly and assembly of component parts of various front-end systems noted in item #1. Learn to remove and replace springs, shocks, ball joints, kingpins, struts, steering rods, steering arms, idler arms, etc. Become thoroughly familiar in the operation of power tools and hydraulic equipment used in the above operations.
 - a. **Trainer:** Assigned Lead Worker
 - b. **Estimated Training Hours:** 200
 - c. **Performance Measurement:** Demonstration of ability to remove and replace springs, shocks, ball joints, kingpins, struts, etc. using power tools and hydraulic equipment.

3. **Skill(s):** Learn to proficiently operate equipment used to remove and replace tires from wheels. Learn to operate various items of equipment to balance wheels on and off vehicles, static and dynamic, using computerized balancing equipment.
 - a. **Trainer:** Assigned Lead Worker
 - b. **Estimated Training Hours:** 80
 - c. **Performance Measurement:** Demonstration of skills required to operate tire changing and wheel balancing equipment.

TOTAL HOURS: 440

Attachment C Sample Monitoring Template

On-the-Job Training Contract Information

Employer Name: Click here to enter text.

OJT Contract Number: Click here to enter text.

OJT Participant Name: Click here to enter text.

Contract Amount: Click here to enter text.

OJT Participant State ID: Click here to enter text.

OJT Supervisor Name: Click here to enter text.

Contract Start Date: Click here to enter text.

Contract End Date: Click here to enter text.

Hourly Pay Rate: Click here to enter text.

Reimbursement Rate: Click here to enter text.

Monitor Name: Click here to enter text.

Date of Monitoring: Click here to enter text.

Activities to be Monitored¹

Records & Accounts

Question	Yes/No	Findings/Issues/Notes
Has the employer submitted regular progress reports when requesting reimbursement?		
Does the employer have timesheets or payroll registers for the OJT participant?		
Do the timesheets or payroll registers support the hours claimed on the most recent invoice?		
Is the OJT participant receiving the wage identified in the OJT contract and on the most recent invoice?		
Is the OJT participant receiving the same wage as other workers in the same position/classification?		

Training Activities

Question	Yes/No	Findings/Issues/Notes
Do both the OJT participant and the Employer have a copy of the OJT Training Plan?		
Is the OJT participant receiving the training that was detailed in the OJT Training Plan?		

¹ Template information should be obtained through a combination of electronic record review and interviews with the participant and supervisor.

Is the OJT participant working and receiving training in a safe and healthy work environment?		
From both the supervisor and participant's perspectives, is the OJT participant receiving appropriate direction and supervision on the worksite?		

On-the-Job Training Progression

Question	Yes/No	Findings/Issues/Notes
Does the OJT participant feel they are doing well and learning the required job tasks?		
Are there any OJT participant grievances?		
Does the employer feel that the OJT participant is doing well and learning the required job tasks?		
Does the employer expect to retain the OJT participant after the OJT contract ends?		
Are there any issues that may cause this OJT to be unsuccessful?		

Overall Evaluation

Briefly describe what you observed and learned while conducting the OJT monitoring visit.

[Click here to enter text.](#)

Detail any corrective actions necessary to address the findings and issues identified during the monitoring.

[Click here to enter text.](#)

Monitor's Signature

Date of Signature: [Click here to enter text.](#)

Date of Follow-Up Visit if Needed: [Click here to enter text.](#)