Worksite Training Plan



Section 1: Trainee Information								
NAN	1Ε:		LAST FOUR:	F	PHONE:			
ADD	ADDRESS: E-MAIL:							
Sec	ction 2: Worksite Contact I	nforma	tion					
BUSINESS NAME: CONTACT				PHONE:				
ADDRESS:				E-MA	E-MAIL:			
Sec	ction 3: Training Information	n						
	mplete The Occupational Informatio		e trainee's Skill Level)					
JOB	TITLE:	O*NET:						
CONTRACT NUMBER:			JOB DESCRIPTION (ATTACHED)					
WORKSITE'S ENTRY WAGE:			TRAINEE WAGE RATE:					
WOI	RKSITE TRAINING BEGIN DATE:	WORKSITE TRAINING END DATE:						
TRA	NING TYPE: OJT Internship	Work	k Experience					
#	REQUIRED JOB SKIL	CUPATION:		CAPABILITY:	TRAINING HOURS:			
1					NOT SKILLED: SOME SKILL:			
2					NOT SKILLED:			
					SOME SKILL:			
3					NOT SKILLED:			
				5	SOME SKILL:			
4					NOT SKILLED: SOME SKILL:			
5					NOT SKILLED:			
					SOME SKILL:			
6					NOT SKILLED: SOME SKILL:			
7				1	NOT SKILLED:			
				9	SOME SKILL:			
8				1	NOT SKILLED:			
				9	SOME SKILL:			
9					NOT SKILLED:			
					SOME SKILL:			
10					NOT SKILLED: SOME SKILL:			

Please include additional training information below as needed:

CareerSource North Central Florida is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers listed above may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711. If you need accommodations, please call 352-955-2245. Please make request at least three business days in advance. A proud member of the American Job Center network.

Training Plan Continued

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.									
CAREERSOURCE NORTH C	ENTRAL FLORIDA	EMPLOYER							
SIGNATURE:		SIGNATURE:							
TYPE/PRINT NAME:		TYPE/PRINT NAME:							
TITLE:		TITLE:							
DATE:		DATE:							

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TRAINEE

TYPE/PRINT NAME:

Date:

SIGNATURE: