



ON-THE-JOB TRAINING CONTRACT INFORMATION SHEET

New Employee Name _____ Phone Number _____

Employer Name _____ Phone Number _____

Employer Mailing Address _____

Training Site Address _____

Trainer Name _____

Employee Position _____

Start Date _____ End Date _____

Hours Per Week _____ Wages Per Hour _____

What is your pay cycle? (Monthly, twice/month, weekly, etc.) _____

Wage increases during contract _____

Benefits provided and when they become effective _____

Specific Skills for training and how many hours needed to obtain each skill

1. _____ Hours _____

2. _____ Hours _____

3. _____ Hours _____

4. _____ Hours _____

5. _____ Hours _____

6. _____ Hours _____

7. _____ Hours _____

8. _____ Hours _____

9. _____ Hours _____

Release Time Training Hours (no more than 25% of total hours)

_____ Hours _____

_____ Hours _____

_____ Hours _____