

**WORKFORCE INVESTMENT ACT (WIA)  
ON-THE-JOB TRAINING (OJT) WORKSHEET**

Customer Name _____		SSN _____
<input type="checkbox"/> Adult	<input type="checkbox"/> Dislocated Worker	<input type="checkbox"/> Older Youth
Employer Name _____		Begin Date _____
_____		Projected End Date _____
Job Title _____	OES Code _____	Est. Wage After Training _____
Address _____		Fax _____
Contact _____	Phone _____	

OBLIGATION OF FUNDS			
	Job Title	Total Hours	Reimbursement
a.			50%
b.			
c.			
d.			
			<b>TOTAL AMOUNT</b>

By signing and transmitting this OJT Worksheet, the undersigned intends for the Mayor's Office of Economic and Workforce Development to rely upon and act in accordance with all of the information contained herein, as set forth in the OEWD Directive 23-07, On-the-Job Training (OJT) Policy dated July 1, 2007.

_____ Signature and Date	_____ Signature and Date
_____ Print Name of WIA Registrant	_____ Print Name of Case Manager
_____ Signature and Date	_____ Approved / Disapproved
_____ Print Name of Manager	_____ Signature and Date
	_____ Print Name of OEWD Staff