

**Office of Economic and Workforce Development  
Workforce Development Division**



**OJT COMPLETION EVALUATION**

Employer: \_\_\_\_\_ Contract No: \_\_\_\_\_

Address: \_\_\_\_\_

Contract Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Trainee: \_\_\_\_\_ Total Training Hours to Date: \_\_\_\_\_

Occupation: \_\_\_\_\_ OES Code: \_\_\_\_\_

Describe the training provided to the trainee:

I certify that the above named trainee has successfully completed the OJT and has satisfactorily acquired the skills appropriate for the job.

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Trainee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Case Manager

\_\_\_\_\_  
Date