

ON-THE-JOB TRAINING PLACEMENT FORM

This letter certifies the successful completion of On-the-Job Training (OJT) for the following participant:

Participant Name:	
Partial Social Security:	
Occupation:	
OJT Completion Date:	
Completed Hours:	

The participant has attained the necessary recognized skill standards outlined in the On-the-Job Training Agreement as follows:

- Ensure proficiency in the occupation for which the training was provided and/or within an occupation requiring same/similar skill standards
- Support opportunities to enter, re-enter, and/or retain employment in the occupation for which the training was provided and/or within an occupation requiring same/similar skill standards
- Increase opportunities to advance into better employment, which may include employment providing higher salary, benefits, and/or career advancement.

Unsubsidized Employment Verification is as follows:

Employer Name:	
Address:	
Telephone:	
Occupation:	
Effective Date:	
Hourly Rate:	
Work Hours Per Week	

Name of Business

Employer Representative (Please Print)

Employer Representative Signature

Date

Participant Signature

Date

cc: Operations Unit (original)
Customer
Employer

Rev. 12-15-2011

