Transitional Jobs Training Plan

Employer Information:

1. Employer Name: Click here to enter text.
2. Street Address: Click here to enter text.
3. City, State, Zip Code: Click here to enter text.
4. Telephone Number: Click here to enter text.
5. Contact Person Name/Title: Click here to enter text.
6. Position Title: Click here to enter text.
7. O-NET Code: Click here to enter text.
8. Description of the training to be received. Job description must be attached but do not take the place of training plan. Attach additional sheets as necessary.

#	Training Duties:

Participant Information:

1. Participant Name: Click here to enter text. Last 4 SS#: Click here to enter text.

2. Activity is scheduled to begin on Click here to enter text. and projected to end on Click here to enter text.

3. Days/Hours Requested: SU☐ M☐ TU☐ W☐ TH☐ F☐ SA☐

4. Total # of Hours Weekly: Click here to enter text. Scheduled from Click here to enter text. to Click here to enter text.

Participant Signature	Date	Career Specialist Signature	Date
Employer's Authorized Signature	Date	CSH Authorized Signature	Date
Print Name of Participant's Worksite Supervisor		Signature of Participant's Worksite Supervisor	Date

Please attach additional sheets as needed to document printed name and signature of all employees authorized to sign time card.