



CHICAGO COOK
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September 13, 2023

On-the-Job-Training Overview



Victor K. Vizqueta **Chicago Cook Workforce Partnership**

Business Relations Specialist

312.257.1729

vvizqueta@chicookworks.org

OJT Overview



- What is an OJT?
- General Requirements
- Ineligible Employers
- Pre-Award Checklist and Agreement
- ISTEP Development (part 1 and 2)
- OJT Site Visit Form
- Tips for Successful OJT
- Gleaned Experiences
- Service Delivery
- Documentation & Reporting
- Paid Work Experience and OJT
- OJT Payment Guidelines During Shut Down Requirements
- OJT and Apprenticeship
- Updated Forms
- Survey
- Key Points
- OJT Policy and Procedure
- Form Demonstration
 - ISTEP and OJT Service
- Questions

What is an OJT?



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A business services for employers, a training provided through an employer to a WIOA customer that:

1. Enhances candidate's skills
2. Offsets cost of training
3. Fits employer and candidate's

Poll question 1



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What is an OJT Broker?

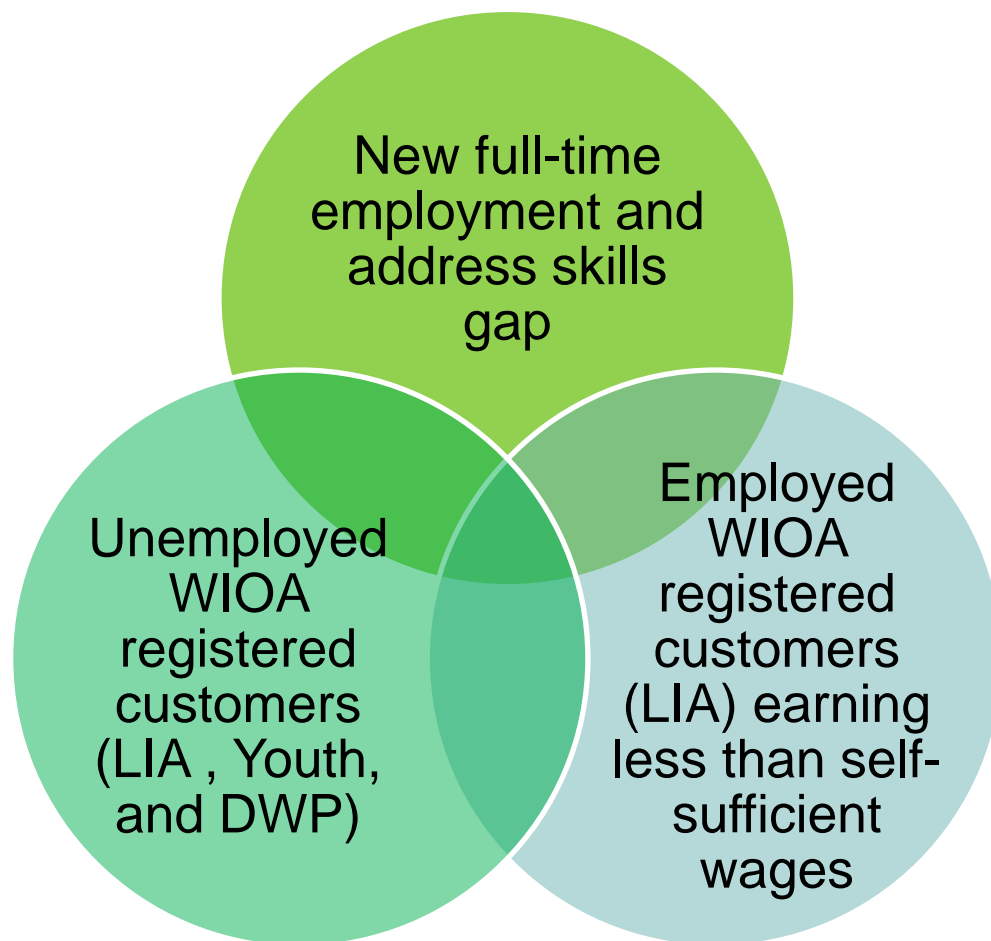
- A. The Chicago Cook Workforce Partnership
- B. The company going into an OJT agreement (employer)
- C. The WIOA participant who will receive training by the employer
- D. The agency working with the employer (you)

General Requirements



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General Requirements (cont.)



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COMPANY SIZE CATEGORY

If the business has more than _____ employees.

The business qualifies for a 50% OJT wage reimbursement when they agree to hire and train a WIOA candidate with a skills gap.

- A. 25
- B. 50
- C. 75
- D. 100

Ineligible Employers



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- ❖ Pattern of not retaining candidates
- ❖ Violated or in violation of labor, discrimination, environmental or health and safety laws
- ❖ Failed meeting previous OJT Agreements

- ❖ The OJT Agreement is made to replace laid off employees
- ❖ Relocation to region within 120 days and the relocation resulted in jobs lost by employees
- ❖ The OJT Agreement can not assist, promote or deter unions

Poll question 3



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What wage amount do OJT Brokers need to target?

A. \$10

B. Minimum wage

C. \$14 or the statutory minimum for the relevant locality, whichever is more.

D. \$39,000 a year

Pre-Award Checklist and Agreement




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Refer to your handouts

- OJT Pre-Award Checklist Form
- Agreement


• OJT Pre-Award Checklist Form

 CHICAGO COOK WORKFORCE PARTNERSHIP www.workforcechicago.org <small>69 WEST WASHINGTON SUITE 2800 CHICAGO, ILLINOIS 60602 TEL 312 603-0200 FAX 312 603-9939/9930</small>	
On-the-Job (OJT) Pre-Award Checklist Employer Eligibility	
Section 1: Employer Information	
1. Employer's legal business name	<input type="text"/>
2. Federal Employer Identification Number (FEIN)	<input type="text"/>
3. Former name(s) under which employer conducted business	<input type="text"/>
4. Employer Address	Address <input type="text"/>
	City, State, Zip <input type="text"/>
	Web Site URL <input type="text"/>
	<input type="text"/>
5. Contact person	Name <input type="text"/>
	Title <input type="text"/>
	Telephone <input type="text"/>
	Fax <input type="text"/>
	Email <input type="text"/>
6. Type of Organization	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> For Profit <input type="checkbox"/> Non Profit
7. NAICS Code	<input type="text"/>
8. Number of current employees	<input type="text"/>
9. Years in existence	<input type="text"/>
10. Is the business being sold or merging with another company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Contractor's workers compensation insurance carrier	<input type="text"/>
12. Policy #	<input type="text"/>
13. Policy period	<input type="text"/>

Section 2: Meeting Federal /Local Criteria	
+ Checking off a box indicates you agree to the statement:	
<input type="checkbox"/>	1. Employer has operated at current location for at least 120 days.
<input type="checkbox"/>	1A. Employer in business for less than 120 days and relocated from another area in the U.S.; Employer ensures employees have not been laid off at the previous location as a result of this relocation.
<input type="checkbox"/>	2. Employer verifies WIOA will not be used to relocate operation in whole or in part.
<input type="checkbox"/>	3. Employer verifies that the establishment, if new or expanding, has not displaced employees from Illinois.
<input type="checkbox"/>	4. The OJT does not infringe upon the promotion of or displacement of currently employed workers or a reduction in their hours.
<input type="checkbox"/>	5. Employer ensures that no individual is on a layoff from the same or any substantially equivalent job in IL.
<input type="checkbox"/>	6. The employer ensures they have not terminated the employment of any regular employee or caused an involuntary reduction in its workforce with the intention of filling the vacancy with OJT trainees.
<input checked="" type="checkbox"/>	7. The employer ensures the same or equivalent position is not open due to a hiring freeze.
<input type="checkbox"/>	8. The OJT trainee is classified as a full-time worker and is not hired for seasonal or temporary employment.
<input type="checkbox"/>	9. The OJT trainee's wages are at least equal to \$14.00 per hour and are at the same level as other employees working a similar length of time and doing the same type of work. (Wages must adhere to the OJT policy as provided by the Chicago Cook Workforce Partnership.)
<input type="checkbox"/>	10. The employer has the capacity and commitment to ensure that the OJT will address skills gaps specific to the individual and company staff has the time and knowledge to carry the necessary training.
<input type="checkbox"/>	11. The employer agrees to cooperate with monitoring and reporting efforts as required by WIOA legislation and adhere to all other applicable local, state, and federal rules and regulations.
<input type="checkbox"/>	12. Conditions of employment and training will be in full accordance with all applicable federal, state and local laws and ordinances (including but not limited to anti-discrimination, labor, and employment laws, environmental laws or health and safety laws). 29 CFR 37.38(b).
<input type="checkbox"/>	13. OJT funds will not be used to directly or indirectly assist, promote or deter union organizing.
<input type="checkbox"/>	14. Employer certifies that the OJT will not impair existing agreements for services or collective bargaining agreements and that either it has the concurrence of the appropriate labor organization as to the design and conduct of an OJT, or it has no collective bargaining agreement with a labor organization that covers the OJT position. <ul style="list-style-type: none"> • Is the occupation in which the OJT is being offered subject to a collective bargaining agreement? If yes, please indicate the name, title and union affiliation of the appropriate bargaining representative.



- OJT Pre-Award Checklist Form

 CHICAGO COOK WORKFORCE PARTNERSHIP www.ojtworkeboard.org <small>69 WEST WASHINGTON SUITE 2600 CHICAGO, ILLINOIS 60602 TEL 312 603-0200 FAX 312 603-9939/9930</small>	
Bargaining Representative's Name	<input type="text"/>
Bargaining Representative's Title	<input type="text"/>
Union Affiliation:	<input type="text"/>
Section 3: Signatures	
I hereby certify that the above information is, to the best of my knowledge, true and correct.	
Employer Certifying Official - Contact Name	<input type="text"/>
Title	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

To be completed by Agency Only	
Check the appropriate answer - Yes, No and N/A	
1. Have WARN notices relating to the employer been filed in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the employer exhibited a pattern of failing to provide OJT trainees with continued long-term employment in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. If question #9 was not checked off of Section 2, attach your agency's email from The Partnership granting a special circumstance approval.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. Employer meets all requirements of the OJT pre-award.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delegate Agency Name	<input type="text"/>
Delegate Agency Representative Name and Title	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

Agreement



- DATA

A	E	F	G
1			
2	Agreement Number		
3	Program Year	2018	
4	OJT Broker's ABBREVIATION (up to 5 characters)		
5	OJT Broker's Company Name		
6	OJT Broker's Address		
7	OJT Broker's City		
8	OJT Broker's State		
9	OJT Broker's Zip		
10	Contact Name		
11	Contact's Title		
12	Contact's Tel		
13	Contact's Fax		
14	Contact's email		
15	OJT Employer's Company Name		
16	FORMER Company Names used by Employer (if none, enter N/A)		
17	OJT Employer's Company Address		
18	OJT Employer's Company City		
19	OJT Employer's Company State		
20	OJT Employer's Company Zip		
21	Company's Industry		
22	Company's NAICS Code		
23	Years in Operation		
24	Number of Employees in the Company		
25	OJT Employer's Company FEIN		
26	Workers Compensation Policy CARRIER		
27	Workers Compensation Policy NUMBER		
28	Workers Compensation Policy START Date		
29	Workers Compensation Policy END Date		
30	Payroll System		
31	Location of Payroll Records		
32	Company Contact		
33	Contact's Title		
34	Contact's Tel		
35	Contact's Fax		
36	Contact's email		
37	PREVIOUS PY OJT with THIS Broker OR OTHER Broker (YES/NO)		
38	Name of OJT Broker from PREVIOUS year:		
39	# TRAINEES still in training:		
40	CURRENT PY OJT with THIS Broker OR OTHER Broker (YES/NO)		
41	Name of OJT Broker:		
42	# POSITIONS listed on Employer Agreement/s		
43	Job Title		
44	O*NET-SOC Code		
45	Brief Job Description		
46	Minimum Job/Education Requirements		
47	Tools/equipment needed to complete training		
48	Hourly Wage		
49	Reimbursement Rate (%)		
50			

- Sections 1 through 4

**Chicago Cook Workforce Partnership
On-the-Job Training (OJT) Employer Agreement**

LWIA 7 Broker: _____
Employer Agreement # _____

This On-the-Job Training (OJT) Agreement is between (OJT Broker), hereinafter called the OJT Broker and (OJT EMPLOYER), hereinafter called the Employer. Both parties agree to the terms and conditions set forth within this Agreement. The Agreement commences in Program Year 2018 , 07/01/18 through 06/30/19.

Section 1. OJT Broker Information

OJT BROKER:	CONTACT PERSON:	EMAIL:	
OJT BROKER ADDRESS:	TELEPHONE #:	FAX #:	

OJT Broker Certification

(OJT Broker), certifies that a legitimate need for training exists and expects continued employment for the individual(s) completing On-the-Job Training in the occupation(s) listed in this Agreement as established by the Chicago Cook Workforce Partnership (THE PARTNERSHIP).

Representative Signature _____ Date _____

Approval Signature _____ Date _____

Section 2. Employer Information

EMPLOYER LEGAL BUSINESS NAME:	FEIN #:
--------------------------------------	----------------

Agreement (cont.)



• Job Title

Chicago Cook Workforce Partnership On-the-Job Training (OJT) Employer Agreement	
LWIA 7 Broker: _____	
Employer Agreement # _____	
Section 1: Job Title Description	
JOB TITLE #1:	O'NET SOC CODE:
BRIEF JOB DESCRIPTION:	
MINIMUM JOBEDUCATION REQUIREMENTS:	
LIST TOOLS OR EQUIPMENT NEEDED TO COMPLETE TRAINING:	
WEEKLY HOURS FOR POSITION:	
HOURLY WAGE:	
REIMBURSEMENT RATE FOR POSITION (%):	
REIMBURSEMENT WAGE FOR THIS POSITION:	
TOTAL TRAINING HOURS REQUIRED FOR THIS POS! (ATTACH EMPLOYER'S JOB DESCRIPTION AND TRAINEE'S RESUME AFTER STEP, AS WELL AS PROVE IT RESULTS OR OTHER THIRD PARTY ASSESSMENT)	
POTENTIAL REIMBURSEMENT FOR ONE POSITION: (MAXIMUM IS \$10,000)	
NUMBER OF TRAINEES REQUESTED:	
POTENTIAL REIMBURSEMENT FOR ALL POSITIONS:	
Section 2: Training Supervisor Assigned to Trainee	
NAME OF TRAINING SUPERVISOR ASSIGNED TO TRAINEE:	TITLE OF TRAINING SUPERVISOR ASSIGNED TO TRAINEE:
SUPERVISOR'S EMAIL:	
SUPERVISOR'S PHONE NUMBER:	
WILL TRAINING BE DONE ON EMPLOYER PREMISES? (IF NOT, PROVIDE TRAINING LOCATION)	
Rev. 6/30/2018	

• Concurrence

Chicago Cook Workforce Partnership On-the-Job Training (OJT) Employer Agreement	
LWIA 7 Broker: _____	
Employer Agreement # _____	
Section 1: Concurrence of the Collective Bargaining Agent	
<i>Complete this information if the OJT position is subject to a collective bargaining agreement.</i>	
Job Title: _____	
1) Is this an apprentice occupation?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please attach to this agreement a copy of the letter sent to the Bureau of Apprenticeship and training.	
2) Is the occupation in which the OJT is being offered subject to a collective bargaining agreement?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, indicate the name, title, and union affiliation of the appropriate bargaining representative.	
BARGAINING REPRESENTATIVE'S NAME: _____	
BARGAINING REPRESENTATIVE'S TITLE: _____	
BARGAINING REPRESENTATIVE'S UNION AFFILIATION: _____	
BARGAINING REPRESENTATIVE'S SIGNATURE: _____	
Section 1 A: Advice and Comments of Collective Bargaining Agent(s)	
1) If the occupation is not covered by a collective bargaining agreement, are there other occupations within the company/corporation covered by such agreements?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you check Yes, the other bargaining agency(s) at the company/corporation must be given written notification of the On-the-Job Training proposal, inviting advice within thirty (30) days. Written notification must be attached to this Employer agreement.	
Rev. 6/30/2018	

Agreement (cont.)



- ISTEP (Individualized Services Training and Employment Plan)

**Chicago Cook Workforce Partnership
On-the-Job Training (OJT) Employer Agreement**

LWIA 7 Broker: _____
Employer Agreement # _____

Sec. 3 Individualized Services Training and Employment Plan (ISTEP) ONET Code: _____ JOB TITLE: _____

OJT Broker Information					Employer Information				
Name					Name				
Address					Address				
Phone					Phone				
Fax					Fax				
E-mail					E-mail				
Signatures:		BEFORE training BEGINS		BEFORE training BEGINS		BEFORE training BEGINS		AFTER training is COMPLETED	
<i>OJT Broker Mgmt Signature</i>	<i>Date</i>	<i>OJT Broker Signature</i>	<i>Date</i>	<i>Trainee Signature</i>	<i>Date</i>	<i>Employer Signature</i>	<i>Date</i>	<i>Employer Signature</i>	<i>Date</i>
Trainee Name	SSN (last four digits)	OJT Start Date	Planned End Date	Funding Source	Employment Goal	Reimb. %	Hourly Wage	Potential Adj. Hrs. Reimbursement	OJT Wage (Hourly Wage * Rate)
<i>MAXIMUM REIMBURSEMENT NOT TO EXCEED \$10,000 PER ISTEP (OJT WAGE X TOTAL ISTEP HOURS) Rev. 6/30/2018</i>									
Skills to be Acquired		Existing Skills		Planned Hours	Adjusted Hours	Performance Indicator	Assessment Method	Skill Attained? (Y or N)	
1									
2									
3									
4									

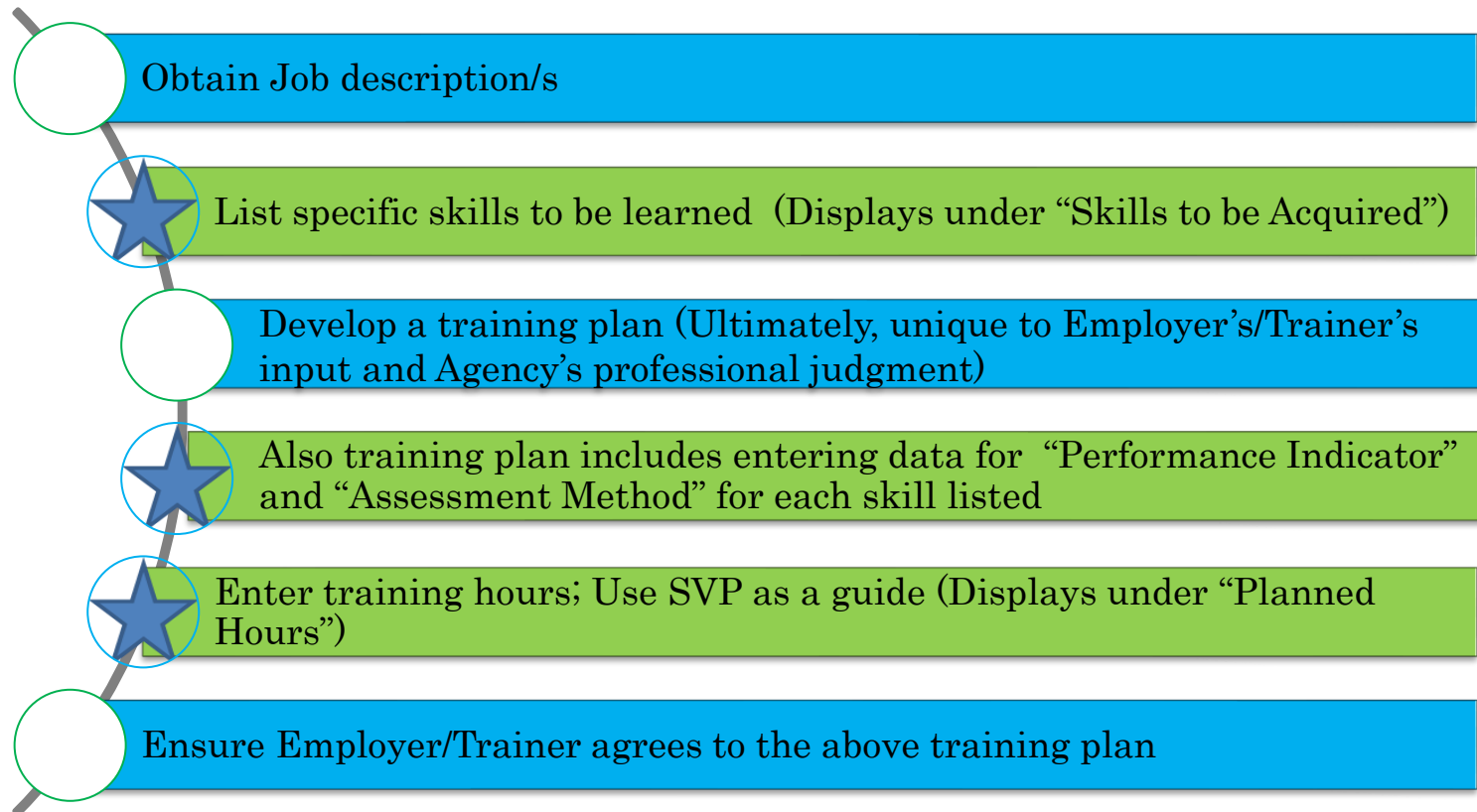
ISTEP Development Part 1



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Created on DATA Spreadsheet




ISTEP Development Part 2

Created directly on ISTEP

- 
- Consider WIOA customers, WIOA eligible candidates and Reverse Referrals
 - Select candidate and forward to Employer for OJT placement
 - ★ If selected - List Trainee's skills gap under "Existing Skills" section;
 - Ensure Trainee's resume and the job description is on file / attached to ISTEP preferably
 - ★ Enter "Trainee's name, SSN, OJT Start Date, Funding Source, and Employment Goal"
 - ★ Enter hours Trainee will require under "Adjusted Hours"; Use SVP as guide
 - ★ All parties sign the ISTEP under BEFORE training BEGINS section once the above is agreed upon with the Employer

OJT/ISTEP Site Monitoring Form



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OJT/ISTEP Site Monitoring

This form is used to document ISTEP. Must be completed at 25% and 50% of training

Agency Name Click or tap here to enter text.

Click or tap here to enter text. Click or tap here to enter text.

Company Name **Company Contact**

Click or tap here to enter text. Click or tap here to enter text.

Company Address **Trainer(s) Name(s)**

Click or tap here to enter text. Click or tap here to enter text.

Employee Name **Employee Job Title**

Click or tap here to enter text. Click or tap here to enter text.

Employee SSN (last four digits) **Wage Rate**


Check Yes, No, or N/A for the following statements:	Yes	No	N/A
1. The trainer is the same person listed in the ISTEP. If not, identify the new trainer(s) (add note).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The equipment/tools needed for training are accurately stated in the ISTEP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. OJT participant is been compensated at a rate equal or greater than identified in the ISTEP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have any safety or health concerns been expressed? If yes, add note.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Training was observed and is consistent with the ISTEP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there any modifications to the training? If yes, have modifications sent to Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. After soliciting feedback from the OJT participant report, are there any issues raised that need to be addressed? (add note).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Need for further follow-up:

Click or tap here to enter text.

Notes:

Click or tap here to enter text.



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OJT/ISTEP Site Monitoring – Instructions

- Agency Name** - Add your agency complete name
- Company Name** - Provide the name of the company per the OJT agreement
- Company Contact** - Include the supervisor contact name and title
- Company Address** - Complete worksite address listed in the OJT agreement
- Trainer(s)** - Include the name(s) of the trainer(s) at the OJT worksite
- Employee Name** – Include the name of the OJT employee
- Employee Job Title** - Provide the job title of the employee’s position at the OJT worksite
- Employee SSN** – Include the employee social security number, only the last four digits
- Wage Rate** - Add the current wage that the position is paying at the OJT worksite
- If the trainer is different or more than one person, please add the name(s) in the notes section (1)
- Add a note about the equipment if it is necessary in the notes section (2)
- Wages should be similar as other employees doing the same type of work (3)
- Please add any expressed health or safety concerns in the notes section (4)
- Training should be similar to the Individualized Services Training and Employment Plan (5)
- If applicable, add your agency name here as well (6)
- If applicable, add a note about the issues mentioned by the OJT participant (7)
- Need to further follow-up** - Add additional concerns in the Need for further follow-up section
- Notes** - Please include notes as necessary
- Site Monitoring Conducted by** - Add the name of the person doing the site monitoring, agency and phone number
- Date** - Include the date of the site monitoring.

Notes:

- This form must be completed at 25% and 50% of training dates
- Career Connect must be updated for both candidate and employer. Services should be added after each visit
- Add the site monitoring form in the OJT worksite file. Email electronic versions at the end of training (ISTEP) to ExecOJT_ISTEP@workforceboard.org
- Make sure you mention to the OJT worksite that if the contact person changes the OJT worksite must inform your agency ASAP
- Changes to an ISTEP might be okay, but they must be reported to your agency for ISTEP modification

Tips for Successful OJT



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- ❖ Complete Pre-Award Checklist Form FIRST
- ❖ Tour facility
- ❖ Secure Job Description
- ❖ NO Entry level, Seasonal or Commission only jobs
- ❖ OJT can not be regular orientation
- ❖ Employer must provide equal status
- ❖ Adequate staff to conduct training? Meet trainer
- ❖ OJT not during OT

Gleaned Experiences



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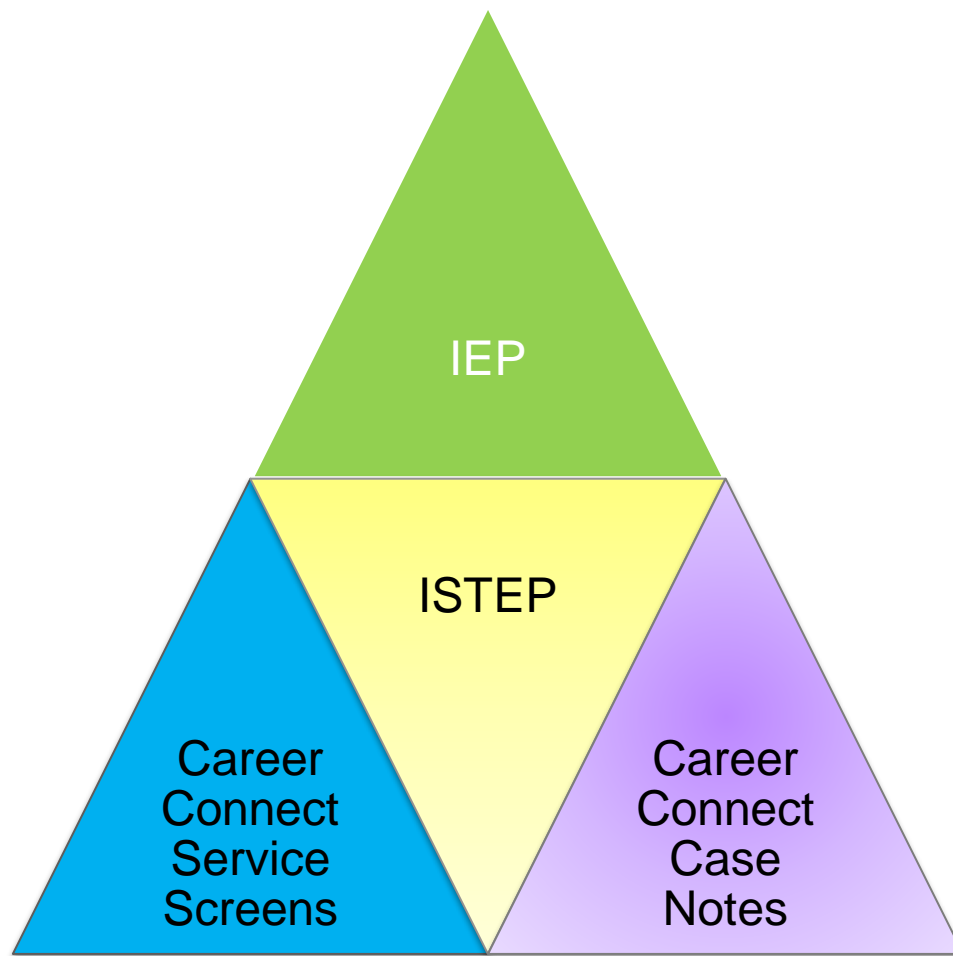
- ❖ Sold OJT as a hiring subsidy and not a training subsidy
- ❖ ITAs are easier
- ❖ The new hire is not a WIOA registered customer by or before the employment start date
- ❖ The employment or OJT start date is before the OJT Agreement has been signed by all parties
- ❖ Employer offered the job before OJT start date
- ❖ Poor documentation of skills gap resulting in ineffective training plans
- ❖ Poor monitoring or pay out of reimbursements
- ❖ **Poor service delivery - Not aligning IEP, Career Connect services, Career Connect case notes and training plan (ISTEP)**

Service Delivery



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What is the order of the OJT paperwork?

- A. ISTEP, Pre-award, Agreement, Site Visit Form
- B. Site Visit Form, ISTEP, Pre-Award, Agreement
- C. Pre-Award, site visit, Agreement, ISTEP, 2 Site Visit Forms
- D. No specific order

OJT and Apprenticeship

- 1) There is no prohibition to combining OJT with other forms of training, such as work experience, classroom, remediation, or an ITA.
- 2) When combining OJT Training with other types of training, only the OJT hours are eligible for wage reimbursement.
- 3) An OJT contract may be made with an employer that has a Registered Apprenticeship Program that is registered with DOL's Office of Apprenticeship for training participants but **only the OJT hours are eligible for wage reimbursement.**
- 4) ITAs and OJT funds may be combined to support to placing participants into an Registered Apprenticeship
- 5) Agencies that intent to develop OJT contracts in connection with a Registered Apprenticeship Program should contact The Partnership to discuss their plan and **obtain written approval.**

New Updates to OJT Policy



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- ❖ Public Sector Employees are now eligible
- ❖ Staffing Agencies is an eligible employer for OJTs (under certain conditions)
- ❖ Expansion of reimbursement rates

New Forms



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- ❖ OJT Summary Report Form
- ❖ Weekly Hours Form

OJT Summary Report Form

AutoSave On | OJT Summary Report... • Last Modified: August 31 | Search

File Home Insert Page Layout Formulas Data Review View Automate Developer

A1 | OJT SUMMARY REPORT FORM

OJT SUMMARY REPORT FORM												
PROGRAM INFORMATION						TRAINING DATES/HOURS/WAGE CALCULATION						
DATE:						START DATE:						
INVOICE:						END DATE:						
AGREEMENT:						ADJUSTED ISTEP HOURS:						
AGENCY:						CONTRACTED HOURLY WAGE:						
PROGRAM:						REIMBURSEMENT PERCENTAGE RATE:						
						REIMBURSEMENT HOURLY WAGE:						
EMPLOYER INFORMATION:						REIMBURSEMENT AMOUNT: \$ -						
Name:						DOCUMENTS ATTACHED SUMMARY						
Address						OJT Summary Report Form						<input type="checkbox"/>
City, State, Zip						Reimbursement Voucher Form						<input type="checkbox"/>
FEIN:						Summary of Wages Form						<input type="checkbox"/>
Contact:						Daily Work Hour Documentation (Timesheets)						<input type="checkbox"/>
Email:						Payroll Documentation *						<input type="checkbox"/>
Telephone:						Select the payroll documentation provided						<input type="checkbox"/>
NAICS:						Career Connect OJT Service Printout **						<input type="checkbox"/>
NAICS Industry:						Copy of ISTEP with appropriate signatures						<input type="checkbox"/>
TRAINEE INFORMATION						Weekly Hours Form ***						
Name						Special Population (Attached copy of Career Connect printout verifying Special Population)						<input type="checkbox"/>
SSN						1. Veteran						<input type="checkbox"/>
CC State ID						2. Documented Disability						<input type="checkbox"/>
Job Title						3. Justice Involved/Returning Resident						<input type="checkbox"/>
O'Net Code						4. Basic Skills Deficient						<input type="checkbox"/>
AGENCY INFORMATION						5. Homeless						
Name						Less than 50 full-time employees (Attach signed Pre-Award Checklist)						<input type="checkbox"/>
Address						OJT leads to industry recognized credential (Attach copy of credential)						<input type="checkbox"/>
FEIN:												
Contact:												
Email:												
Telephone												
BSR												

Navigation: OJT Summary Report Form | Weekly Hours Form | OJT Sum. Rep. Form Instructions | Weekly Hours ..

Weekly Hours Form



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AutoSave On OJT Summary Report... Last Modified: August 31

File Home Insert Page Layout Formulas Data Review View Automate Develop

A6

1	Agency		0		CC State ID:											
2	Participant Name		0		Title											
3	Employer		0													
4	Employer Address:		0													
5	Employer Contact:		0													
6																
7																
8	WEEKLY HOURS FORM															
9	Week #	Start Date End Date	Approved Training Hours	Payroll Total Hours	Regular Payroll Gross Earnings	Calculated Regular Hourly Wage	Notes/Remarks									
10																
11																
12																
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40																
41	Total Hours Listed:		0	Maximum reimbursable training hours per week: 40 HOURS												
42	Total Payable Hours:		0	Total Payable Hours CANNOT exceed 1040 HOURS												
43	Reimbursement Wage		\$ -	Reimbursement Wage is CONTRACTED wage * Reimbursement PERCENT												
44	Total Reimbursement		\$ -	Total Reimbursement CANNOT exceed \$10,000.00												
45																
46																
47	\$ -	CONTRACTED Hourly Wage (stated on the OJT Agreement)														
48	0.00%	Reimbursement Percent Rate (stated on the OJT Agreement)														
49	\$ -	Hourly Reimbursement Wage														
50	0	Total ADJUSTED Training Hours (stated on the Trainee's ISTEP)														
51	0	Total DOCUMENTED Training Hours (above)														
52	0	Reimbursable Training Hours that lack documentation														
53																
54																
55																
56	Employer Signature														Date	

OJT Summary Report Form Weekly Hours Form OJT Sum. Rep. Form Instructions Weekly

New Forms Example

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File Home Insert Page Layout Formulas Data Review

A5 ✖ ✔ fx

	A	B	C	D	E	F	G	H	I	J
1	OJT SUMMARY REPORT FORM									
2	INSTRUCTIONS									
3	General Guidelines: Include this form as the main cover page for the OJT Reimbursement package.									
4										
5										
6	PROGRAM INFORMATION									
7	Date: Add current date									
8	Invoice: Add invoice number from your agency									
9	Agreement: Add agreement number									
10	Agency: Add your Agency name									
11	Program: Add OJT program funding (Adult 1A, Dislocated 1D, or Youth 1Y, or special grant)									
12										
13	EMPLOYER INFORMATION									
14	Name, Address, City, State, Zip: Add employer information									
15	FEIN: Add Federal Employer Information Number									
16	Contact, Email, Telephone: Add employer contact name, email, and phone number									
17	NAICS, NAICS Industry: Add employer NAICS, and NAICS Industry									
18										
19	TRAINEE INFORMATION									
20	Name: Add participant full name									
21	SSN: Add participant Social Security Number									
22	CC State ID: Add participant Career Connect Identification Number									
23	Job Title: Add participant work title									
24	O'Net Code: Add participant work O'Net Code https://www.onetcodeconnector.org/									
25										
26	AGENCY INFORMATION									
27	Name, Address: Add agency name, address, city, state, zip code									
28	FEIN: Add agency Federal Employer Identification Number									
29	Contact, email, telephone: Add agency contact name, email, and telephone number									
30	BSR: Add agency Business Representative name									
31										
32	TRAINING DATES/HOURS/WAGE CALCULATION									
33	Start Date: Add OJT start date									
34	End Date: Add OJT end date									
35	Adjusted ISTEP Hours: Add adjusted ISTEP Hours									
36	Contracted Hourly Wage: Add hourly wage for participant from agreement									

◀ ▶ OJT Summary Report Form Weekly Hours Form OJT Sum. Rep. I

AutoSave On 🔍 ↶ ↷ 📧 📄 OJT Summary Report F... • Saved 🔍 Search

File Home Insert Page Layout Formulas Data Review View Automate Develop

A5 ✖ ✔ fx

	A	B	C	D	E	F	G	H	I	J	K
1	WEEKLY HOURS FORM										
2	INSTRUCTIONS										
3	General Guidelines: Include this form as the weekly hours form for the OJT Reimbursement package.										
4											
5											
6	Agency, participant name, employer, employer address, employer contact will populate automatically										
7	from the OJT Summary Report Form.										
8	CC State ID, and title will populate automatically from the OJT Summary Report Form.										
9											
10	Week #: Add the week(s) number of the duration of the OJT										
11	Start Date End Date: Add start and end date of the OJT										
12	Approved Training Hours: Add the number of approved training hours										
13	Payroll Total Hours: Add the total payroll hours										
14	Regular Hours Gross Earnings										
15	Calculated Regular Hourly Wage										
16	Notes/Remarks: Add additional information for that week										
17											
18	Total Hours Listed: Total Hours will be added automatically										
19	Reimbursement Wage: Reimb. Wage will be calculated automatically										
20	Total Reimbursement: Total Reimb. will be calculated automatically										
21	CONTRACTED Hourly Wage will populate automatically from the OJT Summary Form										
22	Reimbursement Percent Rage will populate automatically from the OJT Summary Form										
23	Hourly Reimbursement Wage will populate automatically from the OJT Summary Form										
24	Total ADJUSTED Training Hours will populate automatically from the OJT Summary Form										
25	Total DOCUMENTED Training Hours will populate from the total payable hours (C43)										
26	Reimbursable Training Hours that lack documentation will populate from calculating Total Adjusted										
27	minus Total Documented										
28	Must include the signature and date from the employer										

◀ ▶ ... Weekly Hours Form OJT Sum. Rep. Form Instructions Weekly Hours Form Instructions +

Career Connect 75% reimbursement



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Worksite Information

Worksite Name: GenHarp Clinical Solutions
Address: 9730 S Western Suite 218
City: Evergreen Park
State: Illinois
Zip Code: 60805
Contact Name: Asia Beamon
Phone Number: 872 - 205 - 3194
E-mail Address: asia@genharpclinicalsolutions.health
Hourly Wage: \$18.00
Weekly Hours: 40.0
Is this a green job?: No

Enrollment Cost Information

Total OJT Wage Costs

\$ 4,563.00

Wage

\$ 13,500

Wage Type

Hourly

Duration

338.000

Wage Reimburse Rate

75 Applicable



Documentation and Reporting



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Documents required for an OJT

- Initial Site Visit
- Pre-Award
- Agreement
- ISTEP
- ISTEP/OJT Site Visit (two are required)

Reporting

- Pre-Award (signed)
- Agreement (signed)
- ISTEP (signed before OJT starts)
- ISTEP (signed after OJT ends)
- ISTEP/OJT Site Visit (must be sent after OJT ends)

Email: ExecOJT_ISTEP@chicookworks.org

Poll question 5



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You can offer an employer an OJT for a WIOA customer who just completed an ITA.

- A. True
- B. False



On-the-Job Training (OJT) is a valuable tool that can transform services provided to employers.

Is OJT in your business services toolkit?

Questions?

Key Points

- The maximum reimbursable training hours is 1,040.
- Training should not be more than six months (unless there is a special circumstance such as lengthy illness). If OJT needs to be extended please send David Swanson an email for approval. Training agreement will also need to be updated to include recalculation of reimbursement if total training hours change.
- Overtime, holiday, vacation pay, orientations or regular training provided to all employees cannot be counted for reimbursement.

Key Points (cont.)



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- You should invoice only once, unless the invoices cross program years.
- Bill as soon as possible after the OJT is completed.
- Give the employer a realistic timeframe for payment (45-60 days after The Partnership has received the billing).
- Disencumber the funds from your contract if you are not going to use all the money.
- Keep track of your performance.

OJT Policy and Procedure



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- The ISTEP&OJT Procedure and OJT Policy Letter can be found in the Help Desk:
<https://workforceboard.zendesk.com>
- Both items will be under WIOA Topics.
- Familiarize yourself with both documents.
- Questions should be directed to:
Ahogan@chicookworks.org

Forms Demonstration



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- **OJT Summary Report Form** will replace the OJT Checklist
- Reimbursement Voucher Form
- **Weekly Hours Form** will replace the OJT Summary Report

ISTEP & OJT Services



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- Find the *Activity Code* field and click on the *Select Activity Code*
- Select activity code *221 Individualized Services & Training Plan (ISTEP) for OJT (Formerly SATO) –Same Day Service* (for Adult/Dislocated Worker) or activity code *428 Individualized Services & Training Plan (ISTEP) for OJT (Formerly SATO) –Same Day Service* (for Youth).

A screenshot of a web application interface. On the left is a navigation menu with items: 'Manage Follow-Up', 'Manage Surveys', 'Reports', 'My Reports', 'Summary Reports', 'Detailed Reports', and 'Custom Reports'. The 'Reports' item is selected. The main content area is titled 'Enrollment Information' and contains several fields: 'Grant' (None Selected), 'WIOA Title II Partner Program' (Yes, services a WIOA Title II Partner Program), '*Service Activity Level' (Career Services), and '*Activity Code' (221 Individualized Services & Training Plan (ISTEP) for OJT). A red circle highlights the '*Activity Code' field, which also has a '[Select Activity Code]' link below it.

ISTEP Service



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- The “OJT Broker Management Signature Date” on the ISTEP is used as both the service “Actual Begin” Date and “Projected End Date” in Career Connect.

A screenshot of the ISTEP Enrollment Information form. The form is titled "Enrollment Information" and includes several fields: "Grant" (None Selected), "WIOA Title II Partner Program" (Yes, service is a WIOA Title II Partner Program), "Service Activity Level" (Career Services), "Activity Code" (221 Individualized Services & Training Plan (ISTEP) for OJT in [Select Activity Code]), "Projected Begin Date" (Today), "Actual Begin Date" (2/01/2018), "Projected End Date" (2/01/2018), "Any classes attended through Distance Learning" (Yes/No), and "Participant has been issued an ITA and the ITA will pay for this service" (No). A red circle highlights the "Actual Begin Date" and "Projected End Date" fields, both set to 2/01/2018. A navigation menu on the left includes options like "Manage Follow-Up", "Reports", "My Reports", "Summary Reports", "Detailed Reports", "Custom Reports", "Ad-Hoc Query Wizard", "Federal Reports", "Live Data", "Customer Relationship Management", "Create a Marketing Lead", "Contacts List", and "Marketing Leads".

PLEASE NOTE: An ISTEP Service is opened and closed on the same day since this considered a Same Day Service. Also note that the ISTEP Service displays as “Career Planning” in IWDS.

ISTEP Service (cont.)



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- Complete the rest of the screen under “State Specific Information” and “Staff Information” sections and click Next.

The screenshot shows a web application interface with a blue header and a left-hand navigation menu. The main content area is divided into three sections:

- Participant has been issued an ITA and the ITA will pay for this service:** A dropdown menu is set to "No".
- State Specific Information:** A dropdown menu for "State Fund" is set to "15681007 - 1A, 1D, 1Y, 1DC - Adult, DislocWr, Youth". Below this are three radio button options: "Supports Bridge Program:" (Yes/No), "Bridge Program Activity:" (Yes/No), and "Green Related:" (Yes/No). The "No" option is selected for all three.
- Staff Information:** A text field for "Staff ID:" contains the value "3610".

The navigation menu on the left includes: Federal Reports, Live Data, Customer Relationship Management (expanded), Create a Marketing Lead, Contacts List, Marketing Leads, Work items, Appointments, Online Surveys, Communications (expanded), Messages, and Correspondence. The top navigation bar includes: Home, My Dashboard, Sign Out, Services for Individuals, and a Quick Search box.

ISTEP Service (cont.)



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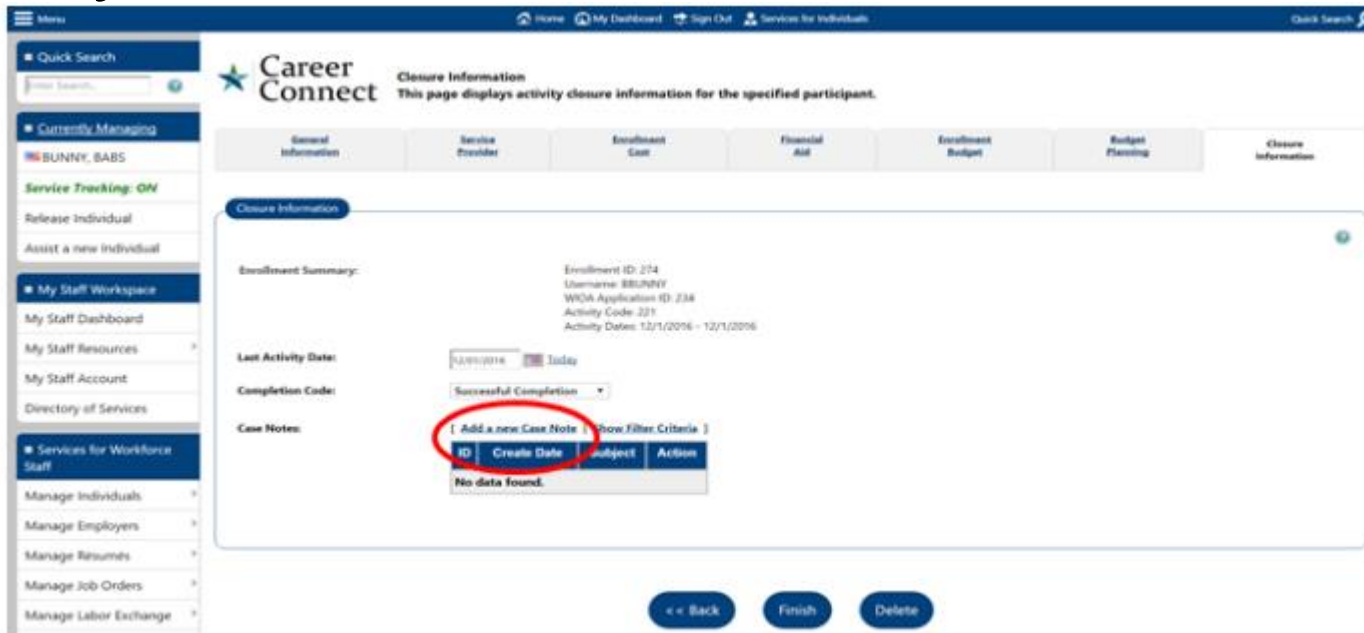
- Complete the “Service Provider” section of the service with your agency information.

The screenshot shows the 'Enrollment Service Provider Information' form in the ISTEP system. The form is divided into several sections: 'Enrollment Summary', 'Provider', 'Service, Course or Contract', 'Provider Locations', 'Provider Contacts', and 'Occupational Training Code'. The 'Provider' and 'Service, Course or Contract' fields are circled in red, indicating they are the focus of the instruction. The 'Provider' field is currently set to 'Comprehensive One-Stop' and the 'Service, Course or Contract' field is set to 'Office Services'. The 'Occupational Training Code' is set to 'Not Applicable'.

Section	Value
Enrollment Summary	Enrollment ID: 276 Username: BBUNNY WQA Application ID: 234 Activity Code: 221 Activity Dates: 12/1/2016 - 12/1/2016
Provider	Comprehensive One-Stop [Select Provider]
Service, Course or Contract	Office Services [Select Service, Course or Contract]
Provider Locations	Comprehensive One-Stop 1 N State St Chicago, IL 60601 [Select Provider Locations]
Provider Contacts	[Select Provider Contacts]
Occupational Training Code	Not Applicable

ISTEP Service (cont.)

- Click on the “Closure Information” tab and close the service successfully for the same day.



The screenshot displays the Career Connect web application interface. The main content area is titled "Closure Information" and includes a sub-header: "This page displays activity closure information for the specified participant." Below this, there are several tabs: "General Information", "Service Provider", "Enrollment Case", "Financial Aid", "Enrollment Budget", "Budget Planning", and "Closure Information". The "Closure Information" tab is selected and highlighted in blue. The content under this tab includes:

- Enrollment Summary:** Enrollment ID: 204, Username: BBUNNY, WOA Application ID: 238, Activity Code: 221, Activity Dates: 12/1/2006 - 12/1/2006.
- Last Activity Date:** A date picker showing 12/1/2016 and "Today".
- Completion Code:** A dropdown menu showing "Successful Completion".
- Case Notes:** A section with a red circle around the text "[Add a new Case Note | Show Filter Criteria]" and a table with columns: ID, Create Date, Subject, and Action. Below the table, it says "No data found."

At the bottom of the page, there are three buttons: "<< Back", "Finish", and "Delete".

OJT Service



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- Select Training Services as the Activity Level for (1A/1D) and 301 Private Sector OJT or 302 Public Sector OJT as the Activity Code. For 1Y select Work Related Services as the Activity Level and 443 Private Sector OJT for the Activity Code.

A screenshot of a web application interface for OJT Service enrollment. The left sidebar contains a navigation menu with items like 'Manage Activities', 'Manage Providers', 'Manage Case Assignment', 'Manage Follow Up', 'Manage Surveys', 'Reports', 'My Reports', 'Summary Reports', 'Detailed Reports', 'Custom Reports', 'Ad-Hoc Query Wizard', 'Federal Reports', 'Live Data', and 'Customer Relationship Management'. The main content area is titled 'Enrollment Information' and contains several fields: 'Grant' (None Selected), 'WIOA Title II B program' (Yes, service is a WIOA Title II B program), 'Service Activity Level' (Training Services), 'Activity Code' (301 Private Sector On-the-Job Training (OJT) with a dropdown arrow), 'Projected Begin Date' (Today), 'Actual Begin Date' (02/15/2017 with a calendar icon), 'Projected End Date' (02/15/2017 with a calendar icon), 'Any classes attended through Distance Learning' (No), and 'Participant has been issued an ITA and the ITA will pay for this service' (No). A red oval highlights the 'Service Activity Level' and 'Activity Code' fields.

OJT Service (cont.)



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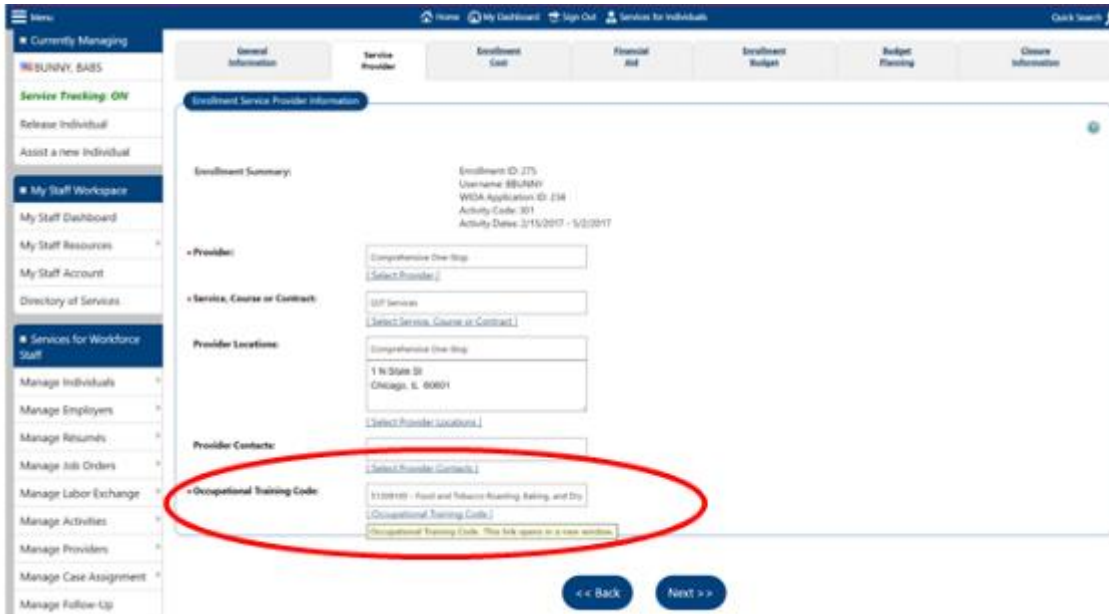
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- “Actual Begin Date” and “Projected End Date” will match with the ISTEP start date and planned end date.

A screenshot of a web application interface for OJT Service enrollment. The left sidebar contains a navigation menu with categories like 'Manage Activities', 'Reports', and 'Customer Relationship Management'. The main content area is titled 'Enrollment Information' and contains several fields: 'Grant' (None Selected), 'WIOA Title II Partner Program' (Yes, service in a WIOA Title II Partner Program), 'Service Activity Level' (Training Services), 'Activity Code' (001 Private Sector On-the-Job Training (OJT) (441)), 'Projected Begin Date' (12/15/2017), 'Actual Begin Date' (12/15/2017), 'Projected End Date' (05/02/2018), 'Any client handled through Distance Learning' (No), and 'Participant has been issued an ITA and the ITA will pay for this service' (No). A red oval highlights the 'Actual Begin Date' and 'Projected End Date' fields, showing they match the dates mentioned in the text above.

OJT Service (cont.)

- On the “Service Provider” tab, select your agency as the provider, the service will be OJT Services and the Occupational Training Code will be the same as the O’NET code on the ISTEP.



The screenshot shows a web application interface for managing OJT services. The main content area is titled "Enrollment Service Provider Information" and contains the following sections:

- Enrollment Summary:** Enrollment ID: 275, Username: BBUNNY, WIDA Application ID: 234, Activity Code: 301, Activity Dates: 2/15/2017 - 5/2/2017
- Provider:** Comprehensive One-Stop (Select Provider)
- Service, Course or Contract:** OJT Services (Select Service, Course or Contract)
- Provider Location:** Comprehensive One-Stop, 1 N State St, Chicago, IL 60601 (Select Provider Location)
- Provider Contact:** (Select Provider Contact)
- Occupational Training Code:** 1120100 - Read and Tobacco-Handling, Baking, and Dry (Occupational Training Code. This link opens in a new window.)

The "Occupational Training Code" field is circled in red. At the bottom of the form, there are navigation buttons: "<< Back" and "Next >>".

OJT Service (cont.)



- On the “Worksite Information” section, fill out the Employer Information located on the hardcopy of the ISTEP.

A screenshot of a web application interface showing the "Worksite Information" form. The form is titled "Worksite Information" and includes a help link: "For help click the question mark icon. This link opens a new window." The form fields are as follows:

- Worksite Name:** Food Specialty Group
- Address:** 1234 S. Briar St.
- Address:** (empty field)
- City:** Dolton
- State:** Illinois (dropdown menu)
- Zip Code:** 60452
- Contact Name:** Marley Hope
- Phone Number:** 708 - 123 - 4567 Ext (empty field)
- E-mail Address:** (empty field)

The left sidebar contains a menu with the following items: Manage Activities, Manage Providers, Manage Case Assignment, Manage Follow-Up, Manage Surveys, Reports (selected), My Reports, Summary Reports, Detailed Reports, Custom Reports, Ad-Hoc Query Wizard, Federal Reports, and Live Data. The top navigation bar includes "Home", "My Dashboard", "Sign Out", and "services for individuals". The bottom status bar shows the system time as 7:52.

OJT Service (cont.)



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- On the “Enrollment Cost” tab, fill out the wage, duration and wage reimbursement rate as is shown on the hardcopy of the ISTEP.

The screenshot displays the '301 - Private Sector On-The-Job Training (OJT) (441)' enrollment form. The 'Enrollment Summary' section includes fields for Enrollment ID (272), Username (BBUNNY), WIOA Application ID (234), Activity Code (301), and Activity Dates (2/15/2017 - 4/27/2017). The 'Total OJT Wage Costs' field is set to \$ 3,040.00. The 'Wage' field is set to \$ 16.00, the 'Wage Type' is set to Hourly, and the 'Duration' field is set to 380. The 'Wage Reimburse Rate' field is set to 50. The 'Total OJT Wage Costs' field and the 'Duration' field are circled in red.

Field	Value
Enrollment ID	272
Username	BBUNNY
WIOA Application ID	234
Activity Code	301
Activity Dates	2/15/2017 - 4/27/2017
Total OJT Wage Costs	\$ 3,040.00
Wage	\$ 16.00
Wage Type	Hourly
Duration	380
Wage Reimburse Rate	50

OJT Service (cont.)



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- If the OJT trainee's training duration changes after the service has been entered, update the "Enrollment Cost Information" section and explain in the Case Note section. Also, the modified ISTEP document should be emailed to The Partnership.

OJT Service (cont.)



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- On the “Closure Information tab” click “Add a new Case Note” and then add a case note indicating in detail that the customer started OJT.

Case Note Details

Please check to suppress this Case Note
Contact Date: 2/15/2017

Case Note Type: Enrollment
Type ID: 275
LWA/Region: Chicago Cook Workforce Partnership
Office Location: National Able Network (8150)
Program: Workforce Innovation and Opportunity Act (WIOA) Program
App ID: 234 - Active
Partner Program:
Subject: Justification for OJT
Contact Type:

• Case Note Description:

Customer has been hired as Batch Maker with Food Specialty Group in Dolton, IL and is in need of occupational training through OJT. Customer's pre-existing skills in comparison to the job description display a gap in skills. The OJT will address this gap through 500 hours of training with industrial baking equipment as described in the training outline. Career Coach will follow up weekly to twice a month on customer's progress and needs should any arise.

{ Spell Check }

Message Options

Create Message From Case Note on Save

Case Note History

Questions



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Survey Questions



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[https://fs21.formsite.com/Workforce Partnership/cbo5ii66lw/index](https://fs21.formsite.com/Workforce_Partnership/cbo5ii66lw/index)

Thank You



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