

**Policy No. 15 – AMENDED AND RESTATED 09/2006**

ST. LAWRENCE COUNTY WORKFORCE INVESTMENT BOARD  
RESOLUTION NO 06-09-08

**AMENDING and RESTATING POLICY NO. 15:  
ON-THE-JOB TRAINING GUIDELINES**  
As presented by the WIB Executive Committee

September 13, 2006

**WHEREAS**, Part 663.700 through 663.730 of the Workforce Investment Act (WIA) Rules and Regulations outlines requirements and conditions for On-The-Job (OJT) Training, and

**WHEREAS**, on April 30, 2003 the St. Lawrence County Workforce Investment Board authorized Resolution No. 03-04-09, which formalized its OJT policy, and

**WHEREAS**, after review of this policy, staff have determined that the policy should be amended,

**NOW, THEREFORE, BE IT RESOLVED** that the St. Lawrence County Workforce Investment Board does hereby amend and restate the attached On-the-Job guidelines (Policy No. 15), and

**BE IT FURTHER RESOLVED** that staff are authorized to make technical changes to the attached guidelines, as necessary, and

**BE IT FURTHER RESOLVED** that any and all previously approved On-The-Job Training policies of the St. Lawrence County Workforce Investment Board are hereby rescinded.

Move:	<u>Mr. McDougall</u>
Second:	<u>Mr. Catanzarite</u>
Aye:	<u>15</u>
Nay:	<u>0</u>
Abstain:	<u>0</u>

I, Natalie A. Haggart, Administrative Assistant of the St. Lawrence County Workforce Investment Board, **DO HEREBY CERTIFY**, that I have compared this copy of this Resolution, adopted September 13, 2006, with the original record in this office and that the same is a correct transcript thereof and of the whole of said original record.

\_\_\_\_\_  
/s/ Natalie Haggart  
Natalie A. Haggart  
St. Lawrence County Workforce Investment Board  
September 14, 2006

**ST. LAWRENCE COUNTY  
WORKFORCE INVESTMENT BOARD**

**WORKFORCE INVESTMENT ACT**

**ON-THE-JOB TRAINING AND  
CUSTOMIZED TRAINING GUIDELINES**

Approved by the St. Lawrence County Workforce Investment Board: September 13, 2006

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## **OPERATION OF OJT PROGRAMS**

### **Goals and Objectives**

The On-The-Job Training (OJT) Program is a contracted training service provided to a Workforce Investment Act (WIA) participant who has been hired by the employer prior to training but after registration into WIA. This training must occur while the WIA participant is engaged in productive work and provides knowledge or skills essential to the full and adequate performance of the job. Reimbursement to the employer under this contract is compensation for the extraordinary costs associated with training WIA participants and in compensation for the costs associated with the lower productivity of such WIA participants. In selecting jobs for which training will be offered, consideration will be given to those employment opportunities with a maximum potential of leading to economic self-sufficiency and upward mobility.

### **OJT Development**

In order to develop an On-the-Job training opportunity, the Employment and Training Counselor and/or WIA participant must make contact with an employer. The initial step in this process is to develop a list of prospective employers who might sponsor an OJT program. The following techniques are to be used:

1. Direct contacts to potential employers
2. Mailings
3. Telephone contacts
4. Department of Labor Job Lead Referrals
5. OJT Solicitation Form

### **OJT Proposal Evaluation Checklist**

Once a potential OJT program site is developed, the first step of program approval is completion of the OJT Proposal Evaluation Checklist by an Employment and Training Counselor (Attachment A). This checklist must be completed before any contract can be developed, approved, signed and WIA participant formally placed. A separate OJT Proposal Evaluation Checklist must be completed for each position that is proposed for OJT.

**NOTE:** The Workforce Investment Board has approved a procedure to allow training in areas that have been determined by the New York State Department of Labor to be Non-Demand Occupations. See Appendix 1, attachment to Attachment A for procedure.

## **Length of Training Time**

When determining the length of training time for OJT programs, the WIA participant's Individual Employment Plan (Use Department approved IEP – Attachment B), O\*Net Classification, and training outline will be used. Training time must be tailored to fit the individual needs of the WIA participant.

O\*Net Classification in determining length of training:

If education reads:

1. Short term OJT – 8 weeks to 12 weeks
2. Moderate term OJT – 13 weeks to 20 weeks
3. Long term OJT – 21 weeks to 26 weeks
4. Post Secondary vocational training – see Short/Moderate term OJT
5. Associate degree with no related work experience – see Long term OJT
6. Bachelor degree with no related work experience – see Long term OJT
7. Work experience and degree – see Moderate term OJT
8. Master degree with no related work experience – see Long term OJT
9. Doctoral degree with no related work experience – see Long term OJT
10. First professional degree with no related work experience – see Long term OJT

When Local Workforce Investment Area (LWIA) records substantiate that a WIA participant has extraordinary obstacles to employment, i.e. mental or physical disabilities, the duration of training can be increased, and the hourly wage rate can be below the LWIA minimum standard wage.

Standards established for length of training:

1. OJT contracts will not be written for more than a six (6) month training period (26 weeks) or more than 1040 hours.
2. OJT contracts will not be written for occupations requiring less than eight (8) weeks of training.
3. All contracts must have an hourly rate of at least 35% above the higher of the New York State or Federal minimum wage standard. Consideration for exceptions for this wage standard can be given on behalf of older workers and WIA participants who have mental and/or physical disabilities or other extraordinary obstacles to employment.

Exceptions to the wage standard will be reflected in the OJT checklist.

4. OJT contracts will be written for full time employment. Full time employment is defined as not less than 30 hours per week.
5. Training time may be decreased due to the WIA participant's previous related work experience and education as documented in the file.
6. In special instances, such as service to older workers, the LWIB will consider part-time OJT agreements that do not exceed 499 hours. Part-time work is defined as not less than 10 or more than 29 hours per week.

### **Contract**

Only after the OJT Evaluation checklist for each WIA participant has been completed, approved, and the Employer OJT Retention Policy (see General Policy #8 on page 11) conditions have been met, will the contract be processed. Components of the contract must include, as a minimum, the following:

1. Basic Contract
2. Concurrence from Bargaining Unit (if applicable)
3. OJT Training Outline
4. General Provisions Section
5. Complaint Procedure

See Attachment C for example.

A separate contract will be written for each WIA participant hired by the Employer. Reviews for each contract written will be conducted by the Supervisor, One-Stop Manager, Deputy Director, or Director. Reviews will include, but are not limited to, the following assurances:

1. WIA participants are not hired when another individual is on layoff from the same or equivalent job, or when the employer has reduced its workforce to hire the WIA participant.
2. A check to ensure non-enrollment of WIA participants who are present or past employees of the employer. Exceptions may be considered for those WIA participants being hired under a new job title.
3. Funds are not used to assist in relocating establishments.
4. WIA participants are not employed in that part of any facility used for sectarian instruction or worship and work includes only nonsectarian activities.

5. When the employer workforce is unionized the contract includes a written collective bargaining agreement clause between the employer and the union. (See page 2 of OJT contract).
6. Workers disability compensation is provided.
7. The length of the training is for no more than six (6) months or 1040 hours (unless part-time, then no more than 499 hours).
8. Employment is not based solely on commission, incentive, or piece rate basis.

Upon signature of all parties, the contract must commence within 15 days or be voided. There must be at least two sets of each contract: The original of the contract goes to the St. Lawrence County Office of Economic Development and the copy goes to the contractor.

### **Modifications**

A contract modification (Attachment D) must be completed when any of the following exist:

1. Signatories of a current contract change.
2. Any change in compensation for the employer or WIA participant.
3. Modification of training provided.
4. Extension on ending date of contract.
5. Modifications to allow for pay raises are authorized only when it can be demonstrated the amount and complexity of training has also increased.

### **Employer Selection**

1. Any employer may participate, including government agencies (except federal government agencies, which are prohibited from conducting OJT). Based on the significant number of government positions in the LWIA, OJT's with governmental agencies may not exceed 50% of those written. However, a WIA participant, once hired, must not be required to pass a civil service examination to retain his/her job. In other words, a position for which OJT training has been approved cannot be subjected to competitive labor procedures.
2. Any firm or industry in violation of Local, State, or Federal labor laws cannot be eligible for training assistance. When a firm or industry is no longer in violation, they may become eligible for OJT consideration.
3. An employer experiencing abnormal labor conditions (such as a strike, a lockout, or similar conditions) at the establishment or any affiliate cannot be eligible for OJT Program.
4. When contracting with a previously used OJT employer, past performance including job retention of previous WIA participants and the previous quality of training offered by the employer will be evaluated.

5. As the approval authority for the OJT Programs, members of the Workforce Investment Board must provide reasonable assurance no conflict of interest is involved. Refer to Attachment E, for further clarification.
6. No currently employed worker should be either fully or partially displaced by any WIA participant involved in OJT. Partial displacement would include a reduction in the hours of non-overtime work, of wages, or of employment benefits for any currently employed worker.
7. All WIA participants are to be hired with the expectation that they will continue employment in the occupation (or one of higher skill) for which they are trained. Additionally, no individual may be currently on lay off or have been terminated from the same or a similar position.
8. Training will be provided only for occupations in which there is a reasonable expectation of continued and permanent employment. Seasonal positions will be considered if they offer long-term employment opportunity. Short-term seasonal occupations are inappropriate for OJT.
9. The employer must have the necessary equipment, materials, and supervision to conduct a quality OJT program.
10. The employer must provide a working environment that conforms to Federal and State Occupational Health and Safety Standards.
11. If Collective Bargaining Agreement(s) exist(s) between the employer and the union, written concurrence must be obtained from the union.
12. A temporary employment agency is allowed to serve as the employer of record for purposes of providing OJT to a WIA participant when they are employed the same as all other agency employees; employment is full time and not short-term seasonal, temporary, or intermittent employment. The temporary employment agency may use a subcontracted employer for the purpose of providing the training needed for a WIA participant to become fully trained (also see Reimbursement Page).
13. The employer must have layoff policies and grievance procedures, which articulate the philosophy and approach to separation. If not, they agree to utilize the LWIB's standard grievance procedure.
14. Nepotism is prohibited in LWIB-sponsored OJT programs. Nepotism is defined as "patronage bestowed in consideration of family relationship." Therefore, no WIA participant may be hired under an OJT program if they are members of the employer's immediate family (wife, husband, brother, brother-in-law, sister, sister-in-law, aunt, uncle, niece, nephew), or if a member of the immediate family is engaged in an ownership capacity for the contracting agency. This has been incorporated into the General Provision of the OJT contract. (Attachment E)

15. Employer provides necessary certification in reference to and regarding lobbying, debarment, suspension, and a drug-free workplace. The certificate attached to the OJT Proposal Checklist (Attachment A-2) must be completed.
16. Determine that OJT program training site has access for those with disabilities.
17. All of the above shall be noted on the OJT Proposal Evaluation Checklist which must be completed prior to approval of the employer as an OJT site (Attachment A).

**WIA Adult and Dislocated Worker On-the-Job Training (Section 663.700)**

The Core and Registration phases of the enrollment process must occur before the WIA participant is referred into WIA Intensive and Training Services. OJT can be provided only to WIA participants in need of training and can only be provided to those WIA participants who are either unemployed or employed (but not meeting WIB self-sufficiency standards). These standards must be documented in the IEP before referral is made to OJT. The procedures described below must be followed.

- a. The WIA participant must be provided services to include a determination of eligibility to receive intensive and training services beyond the Core level.
- b. A determination of need for Intensive and/or Training Services must be documented in the IEP. Such a determination of need may be based on:
  - 1) A WIA participant lacking skills that are competitive or in demand in the local labor market.
  - 2) The presence of significant barriers to employment.
  - 3) The presence of little or no work history.
  - 4) If employed, the lack of skills to achieve a self-sufficient wage.
  - 5) Other reasons may be given that are unique to the WIA participant's situation.
- c. If employed, the WIA participant must be determined **not** self-sufficient (based on WIB approved guidelines) to advance to Intensive and/or Training Services.
- d. The employment goal and the goal justification will be stated in the IEP.
- e. For WIA participants who did not complete training goals and objectives from a previous OJT position, reassessment of their goals and modification of their IEP must be completed before referral to a subsequent training program (including an additional OJT).

- f. If an employer refers a WIA eligible participant for OJT, that WIA participant may be approved for training if steps A through E as stated above are followed and referral of other more suitable WIA participants to the job occurs when their assessment indicates that there are better candidates for OJT than this pre-selected employer referral.

**On-the-Job Training for Employed Workers (Section 663.705)**

OJT contracts may be written for eligible employed workers when:

- A. The employee is not earning a self-sufficient wage as determined by local Board policy; and
- B. The requirements of 663.700 are met; and
- C. The OJT relates to the introduction of new technologies, introduction to new production or service procedures, upgrading to new jobs that require additional skills, workplace literacy, or other appropriate purposes identified by the local Board; and
- D. The employee must receive an increase in pay as a result of the additional training; and

**Customized Training (Section 663.715 - 663.730)**

Customized training is training:

- A. That is designed to meet the special requirements of an employer (including a group of employers); and
- B. That is conducted with a commitment by the employer to employ, or in the case of incumbent workers, continue to employ a WIA participant upon successful completion of the training; and
- C. For which the employer pays for not less than 50 percent (50%) of the cost of the training.

Customized training for employed workers is training in which:

- A. The employee is not earning a self-sufficient wage as determined by local Board policy; and
- B. The requirements of 663.715 are met; and
- C. Requirements for customized training relates to the purposes described in the OJT for Employed Workers' section (page 7) or other appropriate purposes identified by the local Board.

## **Referrals**

Referrals to the employer will be provided through the One-Stop Career Center. Referrals will be made for WIA registered participants utilizing the information provided by the employer on the Fast-Fax Order Form (Attachment F). Format of the referral will be determined by employer request.

Some job-ready WIA participants may be encouraged to develop job leads for themselves. Self-motivated, confident WIA participants are taught to explain to potential employers using the OJT Fact Sheet (Attachment G) that reimbursement could be available for training them. Promising leads are then referred back to the Employment and Training Counselor for proposal and contract development.

## **Counseling and Supportive Services**

The assigned Employment and Training Counselor will strive to ensure that open communication exists between the counselor, the employer, and the WIA participant so that problems can be identified and quickly resolved in a timely manner. The St. Lawrence County Human Services Directory is to be used for the referral of the WIA participant to supportive services outside the jurisdiction of the Office of Economic Development.

The Counselor shall make contact with the WIA participant and employer monthly, as requested by the employer, or minimally at the midpoint of a 60-day contract and shall record the observations in case notes in the official WIA participant file concerning the progress of training and achievement of training objectives defined in the contract. Concerns or corrective action necessary to accomplish the training objective will be recorded and appropriate action and follow up shall be documented. Information received during these contact visits will be recorded on the Training Report/Timesheet (Attachment H) and expanded upon in either the case management report or on counselor contact sheet.

## **Vouchering**

As a part of the vouchering process, each month an Employment & Training Counselor will conduct on-site vouchering with the employer. During this visit, the counselor will verify timesheets against payroll records in order to authenticate and submit voucher requests for employer reimbursement. This validation will also ensure that reimbursement does not exceed the 50 percent (50%) payment standard.

In the event a WIA participant drops out or is terminated before the end of the contract or pay period, the final payroll record of the employer will be specifically verified against the check register and timecard to validate exact hours worked for which compensation was made to the WIA participant and resulting reimbursement calculated for the employer. If there is doubt or the amount claimed is questioned, the counselor will contact the WIA participant to validate the exact amount of termination payment. Upon completion of vouchering in these instances, the remaining funds shall be de-obligated and returned to available fund balance for future use.

## **Reimbursement**

Costs incurred by employers for training are to be reimbursed according to a fixed unit cost method based on:

1. 50% of the WIA participant's hourly wages, or
2. 50% of the WIA participant's weekly salary broken down to an hourly wage.

Reimbursement will not be made for fringe benefits, holidays, sick days, or any time the WIA participant is not on the job and being trained. Additionally, if the WIA participant drops out of the training program before training begins no reimbursement shall be made. In the event the

WIA participant drops out later in the training program, a termination voucher shall be processed (See Monitoring and Vouchering).

NOTES: Employers may be reimbursed for up to 50% of the wages of a WIA participant who is released from work to attend Job-Related Education (JRE) classes while receiving regular wages.

Approved JRE will only be authorized after coordination with the E&T Counselor. The actual reimbursement for such training will not exceed 50% of the total cost and will be noted in remarks section of the basic contract or in a formal modification to the contract.

On a monthly basis, the OJT employer shall submit a reimbursement voucher (Attachment I) accompanied by supporting documents (OJT WIA participant Timesheet/Training Report, Attachment H) verifying training hours worked and wage rate for each WIA participant.

Vouchers will be reviewed by the counselor and senior coordinator then submitted to the Fiscal Unit to process for payment. Reimbursements to contractors will normally be made monthly.

## **Monitoring**

A representative random sample of files of Adults and Dislocated Workers will be monitored on a quarterly basis.

## **General Policies**

1. In emergency situations, WIA participants may start prior to the formal signing of the contract; however, no WIA participant may start prior to the full approval of the OJT Proposal Evaluation Checklist (Attachment A).
2. Employers will be required to keep timesheets and training reports on all OJT employees. In the event the regular payroll system of the employer does not require daily timesheets, a recommended one will be provided (Attachment H). These must be maintained by the employer.

### 3. Relocation

- a. No funds provided under the WIA shall be used, or proposed for use, to encourage or to induce the relocation of an establishment, or part thereof, that result in the loss of employment for any employee of such establishment at the original location.
  - b. For 120 days after the commencement or the expansion of commercial operations of a relocating establishment, no funds provided under WIA shall be used for customized or skill training, on-the-job training, or employer-specific assessment of job applicants or employees, for any relocating establishment or part thereof at a new or expanded location, if the relocation of such establishment or part thereof results in a loss of employment for any employee of such establishment at the original location.
  - c. For the purposes of this section, *relocating establishment* means a business entity, including a successor-in-interest, which is moving any operations from a facility in one labor market area within the United States and its territories to a new or expanding facility in another labor market area.
  - d. For the purposes of this section, a *labor market area* is an area within which WIA participants can readily change employment without changing their place of residence.
  - e. *Pre-award review.* To verify that an establishment which is new or expanding is not, in fact, relocating employment from another area, standardized pre-award review procedures developed by the State shall be completed and documented jointly by the LWIA or substate grantee and the establishment as a prerequisite to WIA assistance. The review should include names under which the establishment does business, including successors-in-interest; the name, title and address of the employer official certifying the information; the name and address of the facility in the other geographic location which is being closed or from which business is being transferred; a statement from the employer about job losses at that location; the nature of the products or business being transferred, the date the facility will commence or expand operations, and whether WIA assistance is sought in connection with past or impending job losses at other facilities.
4. All OJT subcontracts will have a specific coding sequence (Attachment J).
  5. WIB Resolution 02-02-03 outlines the process used to avoid conflict of interest when awarding contracts.
  6. The Training Certification Form and Training Outline (Attachment K) will be completed and signed by the employer or trainer.
  7. At certain times it is necessary to send communications to the WIA participants involved in OJT. Following is a list of standard letters to be used by the Office:
    - a. Contract Transmittal – attached to OED folder (Attachment L)

- b. WIA participant Congratulatory Letter – attached to copy of Training Outline (Attachment M)
- c. Check transmittal (Attachment N)
- d. Notification of one-year moratorium (Attachment O)

8. Employer OJT Program Retention Policies:

A one-year moratorium on OJT contracts will be issued with an employer who, within the last five years, has:

- a. Failed to provide OJT WIA participants continued long-term employment for at least six (6) months after completion of the OJT contract period.
- b. Failed to provide WIA participant wages, benefits, and working conditions at the same level and to the same extent as other employees working a similar length of time and doing the same work.
- c. Had multiple OJT contracts and failed to achieve a 75% completion and/or retention rate.

If the LWIA determines that these failures were a result of the WIA participant's action or economic conditions beyond the employer's control, the prohibition may be rescinded. Also, the employer may request that the prohibition be removed at any time if it can be documented that specific actions were taken to remediate the cause of the contract failures.

**OJT PROPOSAL EVALUATION CHECKLIST**

<b>SECTION A</b>	<b>EMPLOYER DATA</b>	<b>DATE</b> _____
CONTACT PERSON AND TITLE _____	OCCUPATION _____	
EMPLOYER'S NAME _____	O*NET: _____	
ADDRESS _____	PROPOSED STARTING DATE _____	
TELEPHONE _____	PROPOSED ENDING DATE _____	
FAX NUMBER _____	FEDERAL IDENTIFICATION NUMBER _____	

ITEM	EVALUATION DATA	YES	NO
1.	Will the job result the in the WIA participant obtaining marketable skills?		
2.	Is the skill transferable to another job or does it provide an opportunity for advancement?		
3.	Are there reasonable expectations of periodic increases in pay?		
4.	Are fringe benefits (i.e., worker's compensation, hospitalization, life insurance, holiday or sick day pay) normally made available to employees? <b><u>Please circle or list each benefit:</u></b>		
5.	Is there a union covering the occupation? If yes, union concurrence must be obtained and documented on page 2 of the contract.		
6.	Does the occupation demonstrate excessive turnover?		
7.	Is the occupation a demand occupation?		
a.	If not, are the guidelines to evaluate the appropriateness of training in non-demand occupations being met? (See Attachment A-1 – A1)		
8.	Does the employer have the necessary facilities, staff, and equipment to provide quality training?		
9.	Does the employer understand the purpose and philosophy of Workforce Investment Act (WIA) OJT programs and is the employer willing to participate in accordance with WIA rules and regulations?		
10.	Does the employer have an established probationary period for all new employees? If yes, how long?		

**ATTACHMENT A**

<b>EMPLOYER:</b>		<b>DATE:</b>	
<b>ITEM</b>	<b><u>EVALUATED DATA</u></b>		
11.	Does the employer ensure that the following conditions exist:	<b>YES</b>	<b>NO</b>
a.	Individuals are not on layoff from the same or any substantially equivalent job in the employer's organization?		
b.	The employer has not terminated any regular employee or otherwise reduced its workforce with the intention of filling the vacancy with a WIA-subsidized participant?		
c.	The job created for the WIA participant will not infringe upon the promotional opportunities of current employees?		
d.	The relocation or displacement of employer will not result in an increase in unemployment in the area of original location or in any other area.		
12.	Does the employer have adequate administrative procedures (i.e., bookkeeping, timesheets, payroll, reports)? Explain:		
13.	What is the total number of employees at the facility? _____		
14.	Can the employer provide certifications regarding lobbying, debarment, suspension, and a drug-free workplace? (See Attachment A-2)		
15.	Does employer provide employment for all segments of the population?		
16.	The position(s) does not require work at a sectarian facility or sectarian related duties.		
17.	Does the job entail commissions, incentives, or piece rate compensation?		
18.	Is there a strike or abnormal labor condition in progress at the facility?		

**ATTACHMENT A**

<b>EMPLOYER:</b>		<b>DATE:</b>																									
<b>ITEM</b>		<b>YES</b>	<b>NO</b>																								
19.	Assurance has been obtained that there is no conflict of interest?																										
20.	Does the employer provide a work premises that is sanitary and non-hazardous to the participant?																										
21.	The employer is aware of and will comply with Americans with Disabilities Act?																										
22.	Has the employer previously participated in the OJT program? If yes, explain any negative outcomes.																										
a.	<table border="1"> <thead> <tr> <th>Enrollee Name</th> <th>Start/End Date</th> <th>Outcome</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Enrollee Name	Start/End Date	Outcome																							
Enrollee Name	Start/End Date	Outcome																									
b.	Explanation																										
23.	Briefly explain the firm's need for an on-the-job training program and specify their staff who will be responsible for providing training.																										

**ATTACHMENT A**

<b>EMPLOYER:</b>	<b>DATE:</b>
<b>ITEM</b>	<b>EVALUATED DATA</b>
24.	<p><u>O*NET Classification in determining maximum length of OJT Program</u></p> <p>Hourly Wage _____</p> <p>O*Net Education Recommendation _____</p> <p>Work Experience in Related Field                      Yes        _____                      No        _____</p> <p>Education in Related Field                                      Yes        _____                      No        _____</p> <p>See OJT Manual (page 2) for recommendation on maximum training hours _____</p> <p>Determining length of OJT should take into consideration job description, hourly wage, participant's previous work history and education.</p> <p>Circumstance will vary with each individual. If there is justification to increase the length of an OJT beyond the recommended maximum, prior approval from the supervisor is needed.</p>

**SECTION B**

**PARTICIPANT DATA**

NAME \_\_\_\_\_

PROGRAM \_\_\_\_\_

<b>EMPLOYER:</b>	<b>DATE:</b>		
1.	Recommended Training Duration	Maximum Training Hours:	
a.	Explain Adjustments:		
		Total Adjustment:	_____
		Total Training Hours Allowed:	_____
2.	Training Costs Calculations:		
	_____ Work Hours Per Day	_____ Total Training Days	
	_____ Hourly Wage Rate	_____ Total Training Weeks	
	_____ Weekly Wage Rate	_____ % Reimbursement Rate	
	_____ Day Rate/Office Costs	_____ Total Reimbursed	



**CONTRACTOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**WIB Guidelines to Evaluate Appropriateness of  
Training in Non-Demand Occupations (NDO)**

ITEM	EVALUATED DATA	YES	NO
1.	Will the training lead to economic self-sufficiency and upward mobility?	X	
2.	Will the training program result in an increase of employment and training opportunities, which would not otherwise be available?	X	
3.	Has the occupation experienced growth or at least relative stability of employment over the past three years?	X	
4.	Does the training provider demonstrate the technical capacity to competently manage a training program?	X	
5.	Are the job titles, for which training is proposed, job classifications that are customarily used by the employer and is the length of training proposed commensurate with the task to be learned?	X	

**ALL NO RESPONSES MUST BE EXPLAINED BELOW**

E&T Counselor's Comments and Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's Review and Comments: \_\_\_\_\_

\_\_\_\_\_

Approved: \_\_\_\_\_

YES      NO

\_\_\_\_\_  
(Signature and Date)

## ATTACHMENT A – APPENDIX 2

### CERTIFICATION REGARDING LOBBYING, DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS

Applicants should refer to the regulations cited below to determine the certification included in the regulations before completing the form. Signature of this form provides for compliance with certification requirements under 34 CFR Part 82, :New Restrictions on Lobbying,: and 34 CFR Part 85, “Government-wide Debarment and Suspension (Non-Procurement) and Government-Wide Requirements for Drug-Free Workplace (Grants).” The certificate shall be treated as a material representation of fact upon which reliance will be placed when the Department of Labor determines to award the covered transaction grant, or cooperative agreement.

#### 1. LOBBYING

As required by Section 1352, Title 31 of the US Code and implemented at 34 CFR Part 82 for persons entering into a grant or cooperative agreement over \$100,00 as defined at 34 CFR Part 82, Section 82.105 and 82.100, the applicant certifies that:

- a. No Federal appropriate funds have been paid or will be paid, by or on behalf of the undersigned, to any persons for influencing an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant of cooperative agreement.
- b. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form 111 “Disclosure Form to Report Lobbying,” in accordance with its instructions.
- c. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements and subcontracts) and that all subrecipients shall certify and disclose accordingly.

#### 2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

As required by Executive Order 12549, Debarments and Suspension, and implemented at 34 CFR Part 85, for prospective participants in primary covered transactions, as defined at 34 CFR Part 85, Sections 83.105 and 85.110:

- A. The applicant certifies that it and its principals:
  - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.

- b. Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contracts under a public transaction, violation of federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - c. Are not presently indicated or otherwise criminally or civilly charged by a Government entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph A (b) of this certification; and
  - d. Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) for cause or default; and
- B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

#### 3. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F, for grantees, as defined at 34 CFR Part 85, Sections 85.605 and 85.610.

- A. The applicant that it will or will continue to provide a drug-free workplace by:
  - a. Publishing a statement notifying employees that the manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee’s workplace and specifying the actions that will be taken against employees for violation of such prohibition;
  - b. Establishing an on-going drug-free awareness program to inform employees about:
    1. The danger of drug abuse in the workplace;
    2. The grantee’s policy of maintaining a drug-free workplace;

**ATTACHMENT A – APPENDIX 2**

- 3. Any available drug counseling, rehabilitation, and employee assistance program; and
  - 4. The penalties that may be imposed upon employee for drug abuse violation occurring in the workplace;
  - c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
  - d. Notifying the employee in the statement required by paragraph (a) that as a condition of employment under the grant, the employee will-
    - 1. Abide by the terms of the statement and;
    - 2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
  - e. Notifying the agency, in writing within 10 calendar days after having received notice under subparagraph (dX2) from an employee or otherwise receiving actual police of such conviction. Employers of convicted employees must provide notice, including position title to: Director, Grants Management Bureau, State Office Building Campus, Albany, New York 12240. Notice shall include the identification number(s) of each affected grant.
  - f. Taking one of the following action, within 30 calendar days of receiving notice under subparagraph (dX2), with respect to any employee who is so convicted-
    - 1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the Requirements of the Rehabilitation Act of 1973, as amended; or
- 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State or local health, law enforcement, or other appropriate agency;
  - g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a,b,c,d,e,f).
  - B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.  
Place of Performance(street, address, city, county, state, zip code).

**DRUG-FREE WORKPLACE (GRANTEES WHO ARE INDIVIDUALS)**

As required by the Drug-Free Workplace Act of 1988 and implemented at 34 CFR Part 85, Subpart F, for grantees, as defined at 34 CFR Part 85, Sections 85.605 and 85.610

- A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and
- B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction to: Director, Grants Management Bureau, State Office Building Campus, Albany, NY 12240. Notice shall include the identification number(s) of each affected grant.

Check if there are workplaces on file that are not identified here.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

---

NAME OF APPLICANT (grantee/subgrantee)

---

PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

---

SIGNATURE

---

DATE

**DEMAND OCCUPATION LIST  
ST. LAWRENCE COUNTY**

The demand occupations list will be based on the most current New York State Department of Labor’s listing for “Employment Prospects for Jobs in Demand” for the North Country Region. Employment opportunities described as “favorable” or “very favorable” will be considered “in demand” unless there is knowledge of an excess of jobseekers for any one job title. The listing for “Employment Prospects for Jobs in Demand” is updated by NYS Department of Labor every two (2) years and will be revised accordingly.

The current listing with the Standard Occupational code (convertible to the O\*NET code) is:

<b><u>Job Title</u></b>	<b><u>Employment Prospects</u></b>	<b><u>SOC</u></b>
Accountants & Auditors	Very Favorable	13-2011
Administrative Services Managers	Favorable	11-3011
Advertising and Promotions Managers	Very Favorable	11-2011
Amusement & Recreation Attendants	Very Favorable	39-3091
Appraisers and Assessors of Real Estate	Favorable	13-2021
Automotive Body and Related Repairers	Favorable	49-3021
Automotive Service Technicians and Mechanics	Very Favorable	49-3023
Bakers	Favorable	51-3011
Bartenders	Very Favorable	35-3011
Bill and Account Collectors	Favorable	43-3011
Billing and Posting Clerks and Machine Operators	Favorable	43-3021
Biological Technicians	Favorable	19-4021
Bookkeeping, Accounting, Auditing Clerks	Favorable	43-3031
Bus and Truck Mechanics and Diesel Engine Specialists	Favorable	49-3031
Bus Drivers, School	Very Favorable	53-3022
Cardiovascular Technologists and Technicians	Very Favorable	29-2031
Cargo and Freight Agents	Very Favorable	43-5011
Carpenter	Very Favorable	47-2031
Cashiers	Very Favorable	41-2011
Cement Masons and Concrete Finishers	Very Favorable	47-2051
Chief Executives	Very Favorable	11-1011
Civil Engineers	Favorable	17-2051
Cleaners of Vehicles and Equipment	Favorable	53-7061
Clinical, Counseling, and School Psychologists	Favorable	19-3031
Coaches and Scouts	Favorable	27-2022
Coin, Vending and Amusement machine Services and Repairers	Very Favorable	49-9091
Compliance Officers, Except Agriculture, Construction, Health and Safety, and Transportation.	Very Favorable	13-1041
Computer and Information Systems Managers	Very Favorable	11-3021
Computer Programmers	Favorable	15-1021
Computer Software Engineers, Applications	Very Favorable	15-1031
Computer Support Specialists	Favorable	15-1041
Computer Systems Analysts	Very Favorable	15-1051
Computer, Automated Teller, and Office Machine Repairers	Favorable	49-2011
Conservation Scientists	Favorable	19-1031

**ATTACHMENT A – APPENDIX 1 – ATTACHMENT 1**

**DEMAND OCCUPATION LIST  
ST. LAWRENCE COUNTY**

Construction Laborers	Very Favorable	47-2061
Construction Managers	Favorable	11-9021
Cooks, Institution and Cafeteria	Favorable	35-2012
Cooks, Restaurant	Very Favorable	35-2014
Correctional Officers & Jailers	Favorable	33-3012
Cost Estimators	Very Favorable	13-1051
Counter and Rental Clerks	Very Favorable	41-2021
Customer Service Representatives	Very Favorable	43-4051
Database Administrators	Very Favorable	15-1061
Demonstrators and Product Promoters	Very Favorable	41-9011
Dental Assistants	Very Favorable	31-9091
Dental Hygienists	Very Favorable	41-9011
Detectives and Criminal Investigators	Favorable	33-3021
Diagnostic Medical Sonographers	Very Favorable	29-3032
Dining Room & Cafeteria Attendants and Bartender Helpers	Very Favorable	35-9011
Dishwashers	Favorable	35-9021
Education Administrators, Elementary and Secondary School	Favorable	11-9032
Education Administrators Postsecondary	Favorable	11-9033
Education Administrators, Preschool and Child Care Center/Program	Very Favorable	11-9031
Educational, Vocational, and School Counselors	Favorable	21-1012
Electricians	Very Favorable	47-2111
Emergency Medical Technicians and Paramedics	Very Favorable	29-2041
Engineering Managers	Favorable	11-9041
Executive Secretaries and Administrative Assistants	Very Favorable	43-6011
Family and General Practitioners	Favorable	29-1062
Farm Equipment Mechanic	Favorable	49-3041
Financial Managers	Very Favorable	11-3031
First-Line Supervisors/Managers of Construction Trades and Extraction Workers	Very Favorable	47-1011
First-Line Supervisors/Managers of Correctional Officers	Very Favorable	33-1011
First-Line Supervisors/Managers of Food Preparation and Serving Workers	Very Favorable	35-1012
First-Line Supervisors/Managers of Helpers, Laborers, and Material Movers, Hand	Favorable	53-1021
First-Line Supervisors/Managers of Housekeeping and Janitorial Workers	Favorable	37-1011
First-Line Supervisors/Managers of Landscaping, Lawn Service, and Groundskeeping Workers	Favorable	37-10125
First-Line Supervisors/Managers of Mechanics, Installers, and Repairers	Very Favorable	49-1011
First-Line Supervisors/Managers of Non-Retail Sales Workers	Very Favorable	41-1012
First-Line Supervisors/Managers of Office and Administrative Support Workers	Very Favorable	42-1011

**ATTACHMENT A – APPENDIX 1 – ATTACHMENT 1**

**DEMAND OCCUPATION LIST  
ST. LAWRENCE COUNTY**

First-Line Supervisors/Managers of Personal Service Workers	Very Favorable	39-1021
First-Line Supervisors/Managers of Police and Detectives	Favorable	33-1012
First-Line Supervisors/Managers of Production and Operating Workers	Very Favorable	51-1011
First-Line Supervisors/Managers of Retail Sales Workers	Very Favorable	41-1011
First-Line Supervisors/Managers of Transportation and Material-Moving Machine and Vehicle Operators	Favorable	53-1031
Fitness Trainers and Aerobics Instructors	Very Favorable	39-9031
Floral Designers	Favorable	27-1023
Food Preparation Workers	Very Favorable	35-2021
Food Service Managers	Favorable	11-9051
General and Operations Managers	Very Favorable	11-1021
Graders and Sorters, Agricultural Products	Favorable	45-2041
Heating, Air Conditioning, and Refrigeration Mechanics and Installers	Very Favorable	49-9021
Helpers, Carpenters	Very Favorable	47-3012
Helpers, Installation, Maintenance, and Repair workers	Favorable	49-9008
Helpers, Pipelayers, Plumbers, Pipefitters, and Steamfitters	Very Favorable	47-3015
Helpers, Production Workers	Favorable	51-9198
Highway Maintenance Workers	Very Favorable	47-4051
Home Appliance Repairers	Very Favorable	49-9031
Home Health Aides	Very Favorable	31-1011
Hosts and Hostesses, Restaurant, Lounge, and Coffee Shop	Favorable	35-9031
Hotel, Motel, and Resort Desk Clerks	Very Favorable	43-4081
Human Resources Assistants, Except Payroll and Timekeeping	Favorable	43-4161
Industrial Production Managers	Favorable	11-3051
Industrial Truck and Tractor Operators	Favorable	53-7051
Inspectors, Testers, Sorters, Samplers, and Weighers	Favorable	51-9061
Instructional Coordinators	Very Favorable	28-9031
Interviewers, Except Eligibility and Loan	Very Favorable	43-4111
Janitors and Cleaners, Except Maids and Housekeeping Cleaners	Very Favorable	37-2011
Laborers and Freight, Stock and material Movers, Hand	Favorable	53-7061
Landscaping and Groundskeeping Workers	Very Favorable	37-3011
Library Assistants, Clerical	Very Favorable	43-4121
Licensed Practical and Licensed Vocational Nurses	Very Favorable	29-2061
Loan Officers	Favorable	13-2072
Lodging Managers	Favorable	11-9081
Machine Feeders and Offbearers	Very Favorable	53-7063
Machinists	Favorable	51-4041
Maids and Housekeeping Cleaners	Very Favorable	37-2012
Maintenance and Repair Workers, General	Very Favorable	49-9042
Management Analysts	Very Favorable	13-1111
Market Research Analysts	Very Favorable	19-3021

**ATTACHMENT A – APPENDIX 1 – ATTACHMENT 1**

**DEMAND OCCUPATION LIST  
ST. LAWRENCE COUNTY**

Marketing Managers	Very Favorable	11-2021
Mechanical Engineers	Favorable	17-2141
Medical and Clinical Laboratory Technicians	Favorable	29-2012
Medical and Clinical Laboratory Technologists	Favorable	29-2011
Medical and Health Services Managers	Very Favorable	11-9111
Medical and Public Health Social Workers	Very Favorable	21-1022
Medical Records and Health Information Technicians	Very Favorable	29-2071
Medical Secretaries	Favorable	43-6013
Medical Transcriptionists	Favorable	31-9094
Mental Health and Substance Abuse Social Workers	Very Favorable	21-1023
Mental Health Counselors	Favorable	21-1014
Motor Boat Mechanic	Very Favorable	49-3051
Motorcycle Mechanics	Favorable	49-3052
Network and Computer Systems Administrators	Very Favorable	15-1071
Network Systems and Data Communications Analysts	Very Favorable	15-1081
Nursing Aides, Orderlies, and Attendants	Very Favorable	31-1012
Occupational Therapy Assistants	Very Favorable	31-2011
Occupational Therapists	Very Favorable	29-1122
Office Clerks, General	Very Favorable	43-9061
Operating Engineers and Other Construction Equipment Operators	Very Favorable	47-2073
Opticians, Dispensing	Very Favorable	29-2081
Outdoor Power Equipment and Other Small Engine Mechanics	Very Favorable	49-3053
Packaging and Filling Machine Operators and Tenders	Favorable	51-9111
Packers & Packers, Hand	Very Favorable	53-7064
Painters, Construction and Maintenance	Favorable	41-2141
Paper Goods Machine Setters, Operators, and Tenders	Favorable	51-9196
Paralegals and Legal Assistants	Favorable	23-2011
Paving, Surfacing, and Tamping Equipment Operators	Favorable	47-2071
Personal and Home Care Aides	Very Favorable	39-9021
Personal Financial Advisors	Favorable	13-2052
Pharmacists	Very Favorable	29-1051
Pharmacy Aides	Very Favorable	31-9095
Pharmacy Technicians	Very Favorable	29-2052
Physical Therapist Aides	Very Favorable	31-2022
Physical Therapists	Very Favorable	29-1123
Physician Assistants	Very Favorable	29-1071
Pipelayers	Very Favorable	47-2151
Plumbers, Pipefitters, and Steamfitters	Very Favorable	47-2152
Power Plant Operators	Favorable	51-8013
Probation Officers and Correctional Treatment Specialists	Favorable	21-1092
Production, Planning, and Expediting Clerks	Favorable	43-5061
Property, Real Estate, and Community Association Managers	Favorable	11-9141

**ATTACHMENT A – APPENDIX 1 – ATTACHMENT 1**

**DEMAND OCCUPATION LIST  
ST. LAWRENCE COUNTY**

Psychiatric Aides	Favorable	31-1013
Public Relations Managers	Very Favorable	11-2031
Public Relations Specialists	Very Favorable	27-3031
Purchasing Agents, Except Wholesale, Retail, and Farm Products	Favorable	13-1023
Radiologic Technologists and Technicians	Favorable	29-2034
Real Estate Sales Agents	Favorable	41-9022
Receptionist and Information Clerks	Very Favorable	43-4171
Recreation Workers	Very Favorable	39-9032
Recreational Vehicle Service Technicians	Very Favorable	49-3092
Registered Nurses	Very Favorable	21-1015
Rehabilitation Counselors	Very Favorable	21-1015
Residential Advisors	Very Favorable	39-9041
Retail Salespersons	Very Favorable	41-2031
Roofers	Very Favorable	47-2181
Sales Managers	Very Favorable	11-2022
Sales Representatives, Wholesale and Manufacturing, Except Technical and Scientific Products	Very Favorable	41-4012
Sales Representatives, Wholesale and Manufacturing, Technical and Scientific Products	Very Favorable	41-4011
Secretaries, except Legal & Medical & Executive	Favorable	43-6014
Security Guards	Very Favorable	33-9032
Sheet Metal Workers	Very Favorable	47-2211
Shipping, Receiving, and Traffic Clerks	Very Favorable	43-5071
Social and Community Service Managers	Very Favorable	11-9151
Social and Human Service Assistants	Very Favorable	21-1093
Stock Clerks and Order Fillers	Favorable	43-5081
Substance Abuse and Behavioral Disorder Counselors	Favorable	21-1011
Surgical Technologists	Favorable	29-2055
Tailors, Dressmakers, and Custom Sewers	Very Favorable	51-6052
Taxi Drivers and Chauffeurs	Very Favorable	53-3041
Team Assemblers	Favorable	51-2092
Tellers	Favorable	43-3071
Tire Repairers and Changers	Very favorable	49-3093
Training and Development Specialists	Very Favorable	11-3071
Transportation, storage, and Distribution Managers	Very Favorable	11-3071
Truck Drivers, Heavy and Tractor-Trailer	Very Favorable	53-3032
Truck Drivers, Light or Delivery Services	Very Favorable	53-3033
Weighers, Measurers, Checkers, and Samplers, Recordkeeping	Very Favorable	43-5111
Welders, Cutters, Solderers, and Brazers	Favorable	51-4121
Wholesale and Retail Buyers, Except Farm Products	Favorable	13-1022
Word Processors and Typists	Favorable	43-9022

**Individual Employment Plan (IEP)**

Employment Goal: \_\_\_\_\_

Goal Justification: \_\_\_\_\_

Plan Date: \_\_\_\_\_

---

Goal #1: \_\_\_\_\_

Training Provider: \_\_\_\_\_

Location: \_\_\_\_\_

Start Date: \_\_\_\_\_

Anticipated Completion Date: \_\_\_\_\_

Actual Completion Date: \_\_\_\_\_

Outcome: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Certification Received:    N/A     Yes     No

Cost: See Budget Sheet # \_\_\_\_\_



**ATTACHMENT C**

Goal #2: \_\_\_\_\_

Training Provider: \_\_\_\_\_

Location: \_\_\_\_\_

Start Date: \_\_\_\_\_

Anticipated Completion Date: \_\_\_\_\_

Actual Completion Date: \_\_\_\_\_

Outcome: \_\_\_\_\_  
\_\_\_\_\_

Certification Received:      N/A       Yes       No

Cost: See Budget Sheet # \_\_\_\_\_

---

Goal #3: \_\_\_\_\_

Training Provider: \_\_\_\_\_

Location: \_\_\_\_\_

Start Date: \_\_\_\_\_

Anticipated Completion Date: \_\_\_\_\_

Actual Completion Date: \_\_\_\_\_

Outcome: \_\_\_\_\_  
\_\_\_\_\_

Certification Received:      N/A       Yes       No

Cost: See Budget Sheet # \_\_\_\_\_

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Goal #4: \_\_\_\_\_

**ATTACHMENT C**

Training Provider: \_\_\_\_\_

Location: \_\_\_\_\_

Start Date: \_\_\_\_\_

Anticipated Completion Date: \_\_\_\_\_

Actual Completion Date: \_\_\_\_\_

Outcome: \_\_\_\_\_  
\_\_\_\_\_

Certification Received:      N/A  Yes  No

Cost: See Budget Sheet #



ST. LAWRENCE COUNTY  
WORKFORCE INVESTMENT BOARD  
CANTON, NEW YORK 13617 (315) 379-9806  
WORKFORCE INVESTMENT ACT  
On-the-Job Training Contract

Contract#: \_\_\_\_\_

\_\_\_\_\_  
(Name of Contractor)

Telephone No. \_\_\_\_\_

Fax \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
**Federal Identification Number**

-----  
This contract is entered into between the St. Lawrence County Workforce Investment Board as Grant Recipient and \_\_\_\_\_ (Name of Contractor) for the purpose of On-the-Job Training.

Both parties agree to the following:

1. The Contractor will comply with all applicable Federal, State, and Local laws, business licensing, taxation, and insurance requirements, the Workforce Investment Act (WIA) Regulations, including the attached General Provisions.
2. This contract will become effective on \_\_\_\_\_ and terminate on \_\_\_\_\_ or when contracted funds are exhausted, whichever comes first.
3. Total fixed contract amount for allowable cost not to exceed \$\_\_\_\_\_.
4. The Contractor will be reimbursed at the contractual rate on a monthly basis, for the total of all training hours worked during that month.
5. This contract is for one participant.
6. Prior to enrollment in On-the-Job Training Program, all participants will be certified eligible by an authorized representative of the St. Lawrence County Workforce Investment Board.
7. All participants in On-the-Job Training will be hired first by the contractor.
8. The Contractor will provide training and be reimbursed for such training, by the terms and conditions established in this agreement consisting of the following documents, which are attached and made part of this contract:
  - a. On-the-Job Training Wage Summary/Bargaining Agent Concurrence
  - b. Training Outline
  - c. General Provisions
9. If a participant terminates before the end of the contract period, the contract will be reduced by the Grant Recipient to the actual level of performance.
10. This contract is to reimburse for the extraordinary expenses associated with the training of the participant hired and the participant would not have been hired if such reimbursement had not been provided.

APPROVED FOR THE GRANT RECIPIENT

APPROVED FOR CONTRACTOR

\_\_\_\_\_  
Raymond H. Fountain, Director

\_\_\_\_\_  
(Name & Title)



## ATTACHMENT C

Occupation:	O*Net Code:
-------------	-------------

Job Description/Training Outline (including nature of training)	Estimated Training Hours Per Activity
1. Orientation & Site Safety	<u>0</u>
2.	
3.	
Total Hours	—

ST. LAWRENCE COUNTY WORKFORCE INVESTMENT BOARD

GENERAL PROVISIONS

TIME AND ATTENDANCE RECORDS:

**The Contractor will maintain payroll data to support the Participant Training Report/Timesheet used for reimbursement. Information shall minimally include:**

1. Participant name, address, and Social Security number
2. Total hours worked each day
3. Days off for sickness, vacation, holiday, or other reasons will be properly indicated on the Timesheet/Training report. Reimbursement will not be made for orientation, jury duty, holidays, sick days, or any time training is not taking place.
4. Gross wages and net wages paid.

The Contractor will notify the Grant Recipient of any changes in participant job descriptions, wages, or work schedule which occur during the Training Program.

PARTICIPANT BENEFITS:

The Contractor will provide all participants with the State Workers' Compensation coverage and will provide health insurance, unemployment insurance and other benefits as those persons similarly employed by the Contractor

The Contractor will pay participant's wages to equal the highest of the following:

1. Minimum wage specified by the Fair Labor Standards Act 6 (a) (1) 1938
2. Minimum wage under NYS or local minimum wage laws
3. Prevailing wage rate for comparable employment
4. Minimum entrance rate for inexperienced workers in the same occupation
5. Wage rate required by a collective bargaining agreement
6. Davis-Bacon Act rates where applicable

No participant will be required to work or train in premises which are unsanitary, hazardous or dangerous to their safety or health.

REPORTING:

The Contractor will complete Progress Reports for participants in On-the-Job Training Program. The Contractor will maintain records for three (3) years and provide access to documents and records which are directly related to the On-the-Job Training Program, so that the Grant Recipient and Department of Labor may examine, audit and monitor its program.

Reimbursements shall be made only after submission of vouchers with attached Participant Training Report/Time Sheets supplied by the St. Lawrence County Workforce Investment Board.

The contractor shall assume liability for repayment of funds which are subsequently determined to be disallowed expenditures. Repayment shall occur within thirty- (30) calendar days of notification.

## ATTACHMENT C

### NON-PERFORMANCE:

The Grant Recipient may modify or terminate this contract if the Contractor has failed to comply with the training program objectives or reporting requirements, including immediate notification of any change in participant status.

### NON-DISCRIMINATION:

No person shall be excluded from participation in, be denied benefits of, or be subjected to discrimination in employment because of race, creed, color, national origin, sex, disability, age, marital status, or past convictions (unless the conviction is related to the prospective job).

### NEPOTISM:

No person shall be hired if he/she is a member of the employer's immediate family (wife, husband, brother, brother-in-law, sister, sister-in-law, father, father-in-law, mother, mother-in-law, aunt, uncle, niece, nephew); or if a member of the immediate family is engaged in an ownership capacity for the contracting agency.

### SECTARIAN ACTIVITIES:

No participant will be employed in the construction, operation, or maintenance of any facility that used, or will be used for sectarian instruction or a place of religious worship, or in any secretarial, clerical, maintenance, or tutoring assignments involving any sectarian activities or duties. Additionally, no participants placed in any capacity at any workstation will be employed in any position or activity which will release or free any other person for the performance or rendering of such duties.

### DISPLACEMENT AND DISLOCATION:

No displacement or dislocation of employees in this area or area of original location will result from the use of WIA On-The-Job Training monies. No infringement of promotional opportunities for other employees will occur.

### TRAINING CERTIFICATION:

A Training Certification Form and attached training outline will be completed and signed as necessary. This will be done upon successful completion or negative termination of the OJT contract.

### TERMINATION:

The Grant Recipient may modify or terminate this contract at any time upon presentation of written notice to the Contractor.

When a participant terminates, all remaining funds will automatically be reduced by the Grant Recipient to the actual level of performance.

The Contractor may terminate an On-the-Job Training participant according to applicable labor laws. The Contractor is expected to notify the participants of intent to terminate allowing reasonable time for improvement and correction of errors.

### LIABILITY:

The Contractor shall hold and save the Grant Recipient, its official agents and employees harmless from liability of any nature or kind, including costs and expenses, for or on account of any suits or damages of any character whatsoever resulting from injuries or damages sustained by any persons or property resulting from in whole or in part from the negligent performance or omission of any employee, agent or representative of the Contractor.

### GRIEVANCE PROCEDURE:

The Contractor agrees to make available and provide information on the grievance procedure relating to the terms and conditions of employment available to the participant.

If the Contractor does not have a grievance procedure in place, he/she agrees to utilize the system established by the Grant Recipient.

### DISPUTES:

The Contractor agrees to attempt to resolve disputes arising from this sub-agreement by administrative processes and negotiation in-lieu-of litigation.

1. Any disputes concerning the question of fact arising under this contract which is not settled by informal meetings shall be decided by the Grant Recipient's authorized representative who shall mail the written decision to the Contractor or otherwise furnish a copy.
2. In connection with any appeal proceeding under this clause, the Contractor/Sub-Grantee shall be afforded an opportunity to be heard and to offer evidence in support of its appeal. Pending final decision of a dispute hereunder, the performance of the Contractor shall proceed in accordance with the Grant Recipient's decision.
3. This "Dispute" clause does not preclude consideration of law questions in connection with decisions provided above: Provided that nothing in this contract/sub-grant shall be construed as making final the decision of any administrative official, representative or board on a question of law.
4. The Contractor agrees to pay any debt incurred while in violation of this contract.

**St. Lawrence County One-Stop System  
Non-Criminal Complaints and Grievances Procedure  
Approved by the St. Lawrence County Workforce Investment Board: April 25, 2001**

**INTRODUCTION**

**The Workforce Investment Act (WIA) and the Rules and Regulations 667.600) require the establishment of a complaint/grievance procedure by each Local Area, State and direct recipient of funds under Title I.**

As a participant, service provider, or interested party, this document serves to inform you of the procedure whereby you may settle any difference or non-criminal complaint that may arise, free from coercion, restraint, interference, discrimination or reprisal.

**PROCEDURE**

This is a multi-stage procedure, whose goal shall be to settle complaints on as low an administrative level as possible.

Time extensions beyond those noted below may be arrived by mutual agreement of the parties concerned. Should either party not adhere to the following timetable, choose not to elevate a request to the next level, fail to respond to a written request by the Program Complaint Resolution Officer within ten calendar days, or agree to satisfaction with the outcome of a complaint, the complaint will be considered resolved.

You will have up to one (1) year from the date of the incident to file the complaint. Your identity and anyone who furnishes information or assists in the investigation of the complaint will be kept confidential to the maximum extent possible, consistent with applicable law and fairness in handling the complaint. Once a complaint has been filed, the timeframes outlined in this procedure are as follows.

**STEP 1:** When you file your written complaint, the Program Complaint Resolution Officer (PCRO) will help you to ensure that all documents are properly filed, will gather facts, and will attempt to resolve your complaint. If your complaint can be resolved in a way that is mutually acceptable to all parties involved, the PCRO will notify each party in writing of the agreed upon resolution

The PCRO's name, address, and telephone number are as follows: **Raymond H. Fountain, Director, St. Lawrence County Office of Economic Development, 80 State Highway 310, Suite 6, Canton NY 13617-1496 Phone: (315) 379-9806,**

**STEP 2:** If your complaint alleges a violation by the Local Area, then the Local Area Complaint Resolution Officer (LACRO) performs the actions as outlined for the Program Complaint Resolution Officer. The Local Area Complaint Resolution Officer's name, address, and telephone number are as follows: **Patrick Kelly, Deputy Director, St. Lawrence County Office of Economic Development, 80 State Highway 310, Suite 6, Canton NY 13617-1496 Phone: (315) 379-9806,**

**STEP 3:** If you are unable to resolve your complaint, you may request a formal hearing. This hearing must be scheduled on or before the thirtieth (30) day of your initial complaint.

a. You will receive by Certified Mail, notification of the date, time, and place of the hearing and will be advised that:

- The hearing may be rescheduled if you so request and the PCRO agrees.
- You have the right to be represented by an attorney, as may the PCRO.
- You may produce witnesses and/or documentary evidence, as may the PCRO.

## ATTACHMENT C

- You and/or your attorney/representative, as may the PCRO, will be allowed to cross-examine opposing witnesses or parties in accordance with the procedurally equitable agenda explained before the hearing by the Hearing Officer.
- You may withdraw your complaint prior to the hearing. This would constitute an admission of no contest.
- You will receive a final written decision within sixty (60) days of the filing of your complaint. The decision will include a synopsis of facts, a statement of reason for the decision, a statement of remedies to be applied, a statement that all applicable procedures have been followed, and an explanation of the appeal procedure noted below.

**STEP 4:** If by the 60<sup>th</sup> day of the initial filing of your complaint, you have not received your written final decision, you may file a request for review by the Governor. The request must be filed within fifteen (15) days from the date on which you should have received the written decision. If you do not agree with your written final decision, you may file a request for review by the Governor. The request must be filed within ten (10) days from the date on which you receive the adverse decision. The Governor will have 30 days to issue a decision.

Your appeal should contain the same basic elements as your local complaint. These are: Your name, address and phone number; Respondent's name, address and phone number; Nature of the complaint; Your signature; Date signed; Information regarding the decision rendered at the formal hearing.

You should send the information to:

NYS Workforce Investment Act Hearing Officer  
New York State Dept. of Labor  
State Office Building Campus, Bldg. 12, Room 446  
Albany, New York 12240

### NOTE TO EMPLOYERS

If you are an employer, you may operate your own grievance system, or you may utilize the grievance system established by the St. Lawrence County One-Stop System. You must inform all participants early of the grievance procedures they are to follow, should they need them. If you opt to use your own grievance system, you must provide copies of the grievance procedure for review and comment by the PCRO to ensure that WIA guidelines and requirements are not compromised. Your system must provide for, upon request by the complainant, a review of an employer's decision by the Local Area and the Governor, if necessary. The procedure must also have a process that allows an individual alleging a labor standard violation to submit the grievance to a binding arbitration process if a collective bargaining agreement covering the parties to the grievance provides for it.

### CERTIFICATION

I certify that I have read and understand the Complaint Procedure as described above. I also certify that I am aware this document contains the name, address, and telephone number of the Program Complaint Resolution Officer.

---

Participant Name

---

Date

**ATTACHMENT D**

**St. Lawrence County  
Workforce Investment Board  
Amendment to OJT Contract**

Contractor: \_\_\_\_\_

Name	Contract Number
_____	_____
Address	Amendment Number
_____	_____
	Effective Date
	_____

The contract listed, by number, above is amended as follows:

\* Check all that apply.

- A. Training Reimbursement Increased \_\_\_\_\_ Decreased \_\_\_\_\_
- B. Training Hours Increased \_\_\_\_\_ Decreased \_\_\_\_\_
- C. Training outline changed \_\_\_\_\_
- D. Job title or O\*Net Code changed \_\_\_\_\_
- E. Other \_\_\_\_\_
- F. Change of Original Signatory \_\_\_\_\_

Amendment Narrative Justification: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

-----

Approved by Grant Recipient

Approved by Contractor

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Raymond H. Fountain, Director  
Name & Title (Please print)

\_\_\_\_\_  
Name & Title (Please print)

RESOLUTION NO. 02-02-03

of the

ST. LAWRENCE COUNTY WORKFORCE INVESTMENT BOARD

ESTABLISHING A CONFLICT OF INTEREST / NEPOTISM POLICY

As presented by the WIB Services Committee

February 27, 2002

**WHEREAS**, the St. Lawrence County Workforce Investment Board wishes to ensure that no conflict of interest, real or apparent, occurs, and

**WHEREAS**, nepotism may be constructed as a conflict of interest, and

**WHEREAS**, nepotism is defined as “patronage bestowed in consideration of family memberships,” and

**WHEREAS**, it is the intent of the St. Lawrence County Workforce Investment Board that no activity takes place in WIA programs that would give the appearance of favoritism for family members,

**NOW, THEREFORE, BE IT RESOLVED** that the St. Lawrence County Workforce Investment Board does hereby approve the attached policy, and

**BE IT FURTHER RESOLVED** that this policy will take affect immediately for any covered person who is not currently enrolled in a program.

MOVED: Ms. Caswell

SECOND: Mr. St. Thomas

AYE: 12

NAY: 0

ABSTAIN: 0

**CONFLICT OF INTEREST  
NEPOTISM POLICY**

No person shall be allowed to participate in WIA-funded programs if their involvement would give the appearance of a conflict of interest.

If immediate family of a current staff member applies for services offered under the Workforce Investment Act, it is the responsibility of the staff person to provide their supervisor written notification of their relationship with the person requesting services.

The supervisor will then determine if a conflict of interest exists. If the supervisor determines that the appearance of a conflict of interest does, in fact, exist, the supervisor will assign the responsibility for the delivery of services to a staff position adequate to ensure no appearance of a conflict. For example, a Counselor's family member requesting services would be assigned to a Supervisor (Senior Coordinator).

For purposes of this determination, "immediate family" means:

1. wife, husband, son, son-in-law, daughter, daughter-in-law, mother, mother-in-law, father, father-in-law, step parent, step child,
2. the following relatives if they reside in the same household as a staff member: brother, brother-in-law, sister, sister-in-law, aunt, uncle, niece, nephew,
3. any person claimed as a dependent for income tax purposes.

Any relative(s) listed above that is allowed to participate may not be served in any way by the member of the staff who is related.



**ATTACHMENT F**  
**St. Lawrence County One-Stop Career Center**

Human Services Center  
 80 State Highway 310 Suite 8, Canton, New York 13617-1498  
 Phone: (315) 386-3276 Fax: (315) 386-3414  
 www.slconestop.com

**FAST FAX ORDER**

Employer: Providing the information requested on this special job order form will help us understand your hiring needs and will assist us in locating the most suitable candidates. To give us your job order, please fill out one **FAST FAX** job order form for each job title and send it to us or use it as a guide if you prefer to place your order by telephone.

				<u>Unemployment Insurance</u>	
<u>Company</u>	<u>Employer Registration No.</u> (      -      )				
<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		
<u>What Goods or Services Does Your Company Produce?</u>					
<u>Person to contact for interview</u>				<u>FAX No.</u> (      )	
<u>Telephone No.</u> (      )	<u>Ext.</u>	<u>Title of Job Opening</u>			
<u>Number of Job Openings</u>			<u>Number of persons you wish to interview</u>		
<u>Referral instruction(s)</u>	<u>Send Resume</u>	<u>Send Direct</u>	<u>Call First Before Sending</u>	<u>Broadcast</u>	

**JOB REQUIREMENTS**

<u>Years of Education Needed</u>		<u>Specialized Education? (type of degree)</u>			
<u>Years of experience Required</u>		<u>Will you accept a trainee?</u> Yes      No			
<u>Job is: Regular</u>	<u>Temporary</u>	<u>(Duration From      To      )</u>		<u>Full-Time</u>	<u>Part-Time</u>
<u>Work Hours From</u>	<u>To</u>	<u>Circle Normal Work Days S M T W T F S</u>			<u>Overtime Yes      No</u>
<u>Salary Range \$: From</u>	<u>To</u>	<u>Per</u>	<u>Pay Period: Weekly</u>		<u>Monthly</u>
<u>Salary Negotiable? Yes      No</u>		<u>Bi-Weekly</u>		<u>Bi-Monthly</u>	

**OTHER HIRING REQUIREMENTS**

<u>Driver's License?</u>	<u>Yes</u>	<u>No</u>	<u>Name</u>	<u>Health Insurance?</u>	<u>Yes</u>	<u>No</u>
<u>Own Tools?</u>	<u>Yes</u>	<u>No</u>	<u>Name</u>	<u>Life Insurance?</u>	<u>Yes</u>	<u>No</u>
<u>Reference/Security Test?</u>	<u>Yes</u>	<u>No</u>	<u>Name</u>	<u>Dental Insurance?</u>	<u>Yes</u>	<u>No</u>
<u>Physical Exam?</u>	<u>Yes</u>	<u>No</u>	<u>Name</u>	<u>Paid Vacation?</u>	<u>Yes</u>	<u>No</u>
<u>Must Join Union?</u>	<u>Yes</u>	<u>No</u>	<u>Name</u>	<u>Retirement Plan?</u>	<u>Yes</u>	<u>No</u>
<u>Bondable?</u>	<u>Yes</u>	<u>No</u>	<u>Name</u>	<u>Other</u>		

**JOB DESCRIPTION**

Please provide a brief description of the job. List skills, aptitudes, equipment used or operated, special physical demands, or special working conditions. All hiring requirements listed here and checked above must be bona fide occupational qualifications. Include the work site, if different from the company address. If available, attach a detailed job description.

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## ATTACHMENT G

### *St. Lawrence County One-Stop Career Center*

Human Services Center

80 State Highway 310 Suite 8, Canton, New York 13617-1498

Phone: (315) 386-3276 Fax: (315) 386-3414

www.slconestop.com

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## WORKFORCE INVESTMENT ACT

### On-the-Job Training Fact Sheet

On-the-Job Training (OJT) can be undertaken by WIA registered participants who are hired by an employer. Training programs are designed to enable WIA registered participants to learn a skill for a particular occupation through demonstration and practice. The goal of OJT is to develop a worker's skills to the point where unsubsidized employment and job retention result.

Only WIA registered participants can be enrolled in an OJT program.

An Employment and Training Counselor from the One-Stop Career Center will meet with the employer prior to the individual being hired, to prepare a training contract specifying the type and duration of training, training cost reimbursement, and other pertinent information. No contract can be written if the new employee commences employment prior to such contract being approved by the employer and the Local Workforce Investment Agency.

On a monthly basis, and Employment and Training Counselor meets with the contracting employer to verify the participant's timesheet, wages earned, and training progress. Reimbursement of cost associated with training is then made directly to the employer and continues monthly for the duration of the contract period.

The One-Stop Career Center is ready to assist employers who hire disabled workers by designing training contracts to fit the needs of the disabled individual by providing for an extended period of training.

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The St. Lawrence County One-Stop Career System is a Partnership of:

NYS Dept. of Labor - Division of Employment Services \* St. Lawrence-Lewis BOCES \* St. Lawrence County Office of Economic Development  
St. Lawrence County Department of Social Services \* St. Lawrence County Office for the Aging \* St. Lawrence County Youth Bureau  
St. Lawrence County Veterans' Service Department \* Vocational Educational Services for Individuals with Disabilities

# ATTACHMENT H

St. Lawrence County  
Office of Economic Development  
OJT Program  
Training Report/Time Sheet

Report #: \_\_\_\_\_

Participant: \_\_\_\_\_ Contract #: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Agency: \_\_\_\_\_

### PAYROLL DATA

Pay Period	Hours Worked	Check #	Gross Wages	Net Wages
<b>Total Hours</b>		\$ X	X	% =
AGENCY COMMENTS: (Note changes in wages, hours, wage rate, etc.) _____ _____ _____ _____	I certify that the payroll data provided above is supported by payroll records and certify that such payment was made by this agency to the Trainee.  _____ Authorized Signature and Date			

### PARTICIPANT DATA/CERTIFICATIONS

	Rating		
Work Attitude		Participant is to be rated numerically from 1-10.  1 = Poor  5 = Average  10 = Excellent	I, the OJT trainer, certify that this rating accurately reflects participant performance. I further certify that the OJT training is being provided according to the Training Outline.
Punctuality			
Attendance			
Willingness to Learn			
Follows Instructions			
Shows Initiative			
Quality of Work			
Accepts Correction			
Relation with Others			
Personal Appearance			
			OJT Trainer Signature

Trainer Comments: \_\_\_\_\_

I certify that I have seen the information outlined on this form.	COUNSELOR COMMENTS: _____ _____ _____
Participant Signature	Counselor Signature

**ATTACHMENT I**

39526	St. Lawrence County 48 Court Street Canton, NY 13617-1169
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YOUR PAYMENT ID. (SEE INSTRUCTION #1 BELOW)	<b>CLAIM VOUCHER</b>	FOR DEPARTMENT USE ONLY
	<u>See Instructions Below</u>	DEPARTMENT NAME

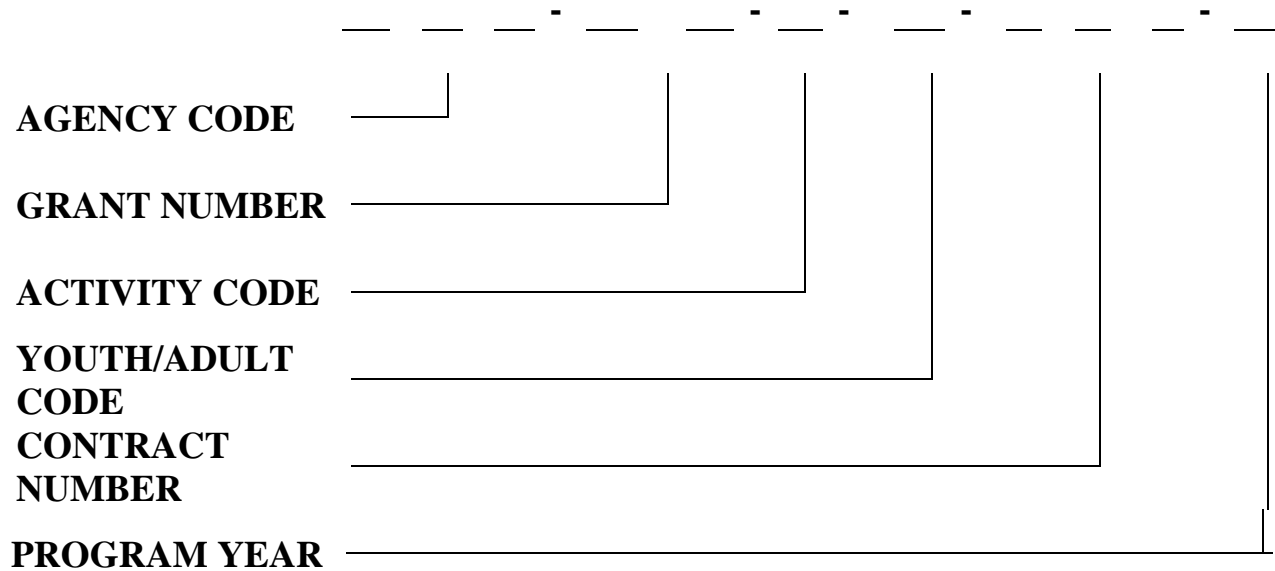
			EMPLOYEE OR VENDOR NUMBER
<b>CLAIMANT</b>	Γ	<b>ACCOUNT #</b>	<b>AMOUNT</b>
<b>ADDRESS</b>			
	L		

DATE OF SERVICES	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT

<b>INSTRUCTIONS:</b> 1. THIS INFORMATION WILL APPEAR ON CHECK STUB TO IDENTIFY OUR PAYMENT. 2. CLAIM MUST BE FULLY ITEMIZED AND CERTIFIED ON THIS FORM. (SIGNATURE IS REQUIRED FOR PAYMENT.) 3. ALL VOUCHERS MUST BE APPROVED BY THE DEPARTMENT HEAD RECEIVING THE SERVICES OR MATERIAL. 4. ONLY CERTAIN ITEMS SUCH AS TRAVEL, MEALS, LODGING, ETC. ARE HANDLED BY THIS FORM. MAJOR ITEMS ARE HANDLED THROUGH THE PURCHASING DEPARTMENT.	<b>CLAIMANT'S CERTIFICATION</b> I, _____, do hereby certify that all of the items of the above claim are true and correct, that (the property or merchandise shown thereon was actually delivered) (the services shown thereon were actually rendered) (the disbursements shown thereon were actually and necessarily made) and that no part of such claim has been paid or satisfied. (I do further certify that I have been duly authorized and empowered by the claimant to execute in his behalf this certificate).		
	<table style="width:100%;"> <tr> <td style="width:50%; text-align: center;">Date</td> <td style="width:50%; text-align: center;">Signature of Claimant</td> </tr> </table>	Date	Signature of Claimant
Date	Signature of Claimant		

(Space Below for County Use Only)			
<b>DEPARTMENT APPROVAL</b>			<b>APPROVAL FOR PAYMENT</b>
The above services or materials were rendered or furnished to the department on the dates stated and the charges are correct.			This claim is approved and ordered paid from the appropriations indicated above.
Date	Authorized Official	Date	Authorized Signature
<b>AUDITOR'S COPY</b>			

**ON-THE-JOB TRAINING  
CONTRACT CODING STRUCTURE**



- AGENCY CODE -** Three digits will identify the Agency or Firm that the On-the-Job Training contract is with.
- GRANT NUMBER -** Two digits will identify the Grant to which the On-the-Job Training contract relates.
- ACTIVITY CODE -** One digit will identify Youth (1) or Adult (2).
- CONTRACT NUMBER -** Three digits will be the number for the contract. It will start with one and continue for the Program Year.
- PROGRAM YEAR -** One digit will identify the Program Year by the last number in the year being placed in this position.

**WORKFORCE INVESTMENT BOARD**

**TRAINING CERTIFICATION**

**COMPANY NAME**

Participant successfully completed training: YES \_\_\_\_\_ NO \_\_\_\_\_

I, \_\_\_\_\_, the OJT trainer, hereby certify that \_\_\_\_\_ has received the training indicated on the attached training outline.

\_\_\_\_\_  
(Contract #)

\_\_\_\_\_  
(Trainer Signature)

## O.J.T. TRAINING OUTLINE

Participant:	Trainer:
Occupation:	O*Net Code:
<u>Job Description</u>	
1. Orientation & Site Safety	



**ATTACHMENT L**  
**St. Lawrence County One-Stop Career Center**

Human Services Center  
80 State Highway 310 Suite 8, Canton, New York 13617-1498  
Phone: (315) 386-3276 Fax: (315) 386-3414  
www.slconestop.com

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**CONTRACT TRANSMITTAL LETTER**

DATE

Dear :

Enclosed please find a copy of the On-the-Job training contract for \_\_\_\_\_,  
contract number \_\_\_\_\_. Please familiarize yourself with all aspects of the contract,  
especially the training outline. This outline should also be given to the OJT supervisor if different  
from the individual who signed the contract. Upon conclusion of this contract, the OJT supervisor  
will be requested to initial off each task to indicate completion of the item.

I will be at your training site on a monthly basis; however, I will certainly be available to you  
and/or our participant on an "as needed" basis.

I want to take this time to thank you for forming this job training partnership with the Workforce  
Investment Board.

Sincerely,

Employment & Training Counselor

Enclosure

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The St. Lawrence County One-Stop Career System is a Partnership of:

NYS Dept. of Labor - Division of Employment Services \* St. Lawrence-Lewis BOCES \* St. Lawrence County Office of Economic Development  
St. Lawrence County Department of Social Services \* St. Lawrence County Office for the Aging \* St. Lawrence County Youth Bureau  
St. Lawrence County Veterans' Service Department \* Vocational Educational Services for Individuals with Disabilities



**ATTACHMENT M**  
***St. Lawrence County One-Stop Career Center***

Human Services Center  
80 State Highway 310 Suite 8, Canton, New York 13617-1498  
Phone: (315) 386-3276 Fax: (315) 386-3414  
www.slconestop.com

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**CUSTOMER CONGRATULATORY LETTER**

DATE

Dear :

Congratulations on the successful conclusion of your search for employment. I will cooperate with you throughout your On-the-Job Training program to ensure successful completion and resulting long-term employment.

Attached you will find an outline of your training program. This training outline was created as a guide for you and your employer. It shows what the employer will teach you and how long it will take. You and your trainer will initial each section on the master copy to indicate successfully learning that task. At the end of the training program, I will have your supervisor sign a statement certifying that you did receive the training specified in the contract.

Please become familiar with your personally specialized training outline, and be sure that you understand it. If you have any questions, ask your trainer or call me at (315) 386-3276.

Sincerely,

Employment & Training Counselor

Enclosure

# ATTACHMENT N

## CHECK TRANSMITTAL LETTER

DATE

Contractor Name

Address

City, State, Zip

Dear Contractor:

Enclosed please find a St. Lawrence County check as reimbursement for training costs incurred through your participation in the On-The-Job Training Program.

Contract:

Period:

Amount:                   \$

Check Number:         #

Total to Date:         \$ See Attached

Check these figures carefully. If there are any discrepancies please contact this office.

Sincerely,

Name

Account Clerk

Attachment



**ATTACHMENT O**

**ONE-YEAR MORATORIUM LETTER**

Date

Company Name  
Address  
City, State, Zip Code

Dear Company,

This letter is formal notification of a moratorium on your eligibility to participate in the On-The-Job Training Program effective start date for a 1-year period.

This moratorium is issued based on \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You may appeal this if you have mitigating circumstances or feel that this action is unwarranted. Address your appeal to:

Mr. Raymond H. Fountain  
Director, Appeals Office  
St. Lawrence County  
Office of Economic Development  
80 State Highway 310, Suite 6  
Canton, NY 13617-1496

**It has been a pleasure in the past to form a partnership with your company, and we look forward to doing so again when this moratorium ends.**

Sincerely,

Raymond H. Fountain  
Director