

EXHIBIT AOJT Training Plan

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of America's Job Center of California SM network	
Market Ma	
The Orange County One-Stop Center is a proud partner	

OJT Contract No:	
Grant code:	
Grant Code.	

Section 1:

Contact Information: Complete the contact information for the OJT Provider and the Employer.

OJT PROVIDER	ONE STOP REPRESENTATIVE:	TELEPHONE #:		
Managed Career Solutions				
EMPLOYER OJT ADDRESS:	ONE STOP REPRESENTATIVE EMAIL:	FAX #:		
EMPLOYER NAME:	F.E.I.N. #	U.B.I. #:		
FARLOVER ARRESCO.		CONTACT DEDCOM		
EMPLOYER ADDRESS:		CONTACT PERSON:		
EMAIL:	TELEPHONE:	FAX #:		
LIMAIL.	TEELTHONE.	ΙΑΧ #.		
Section 2: Trainee Information (Additional OJT Training Plans may be attached to the Contract for each additional trainee)				
Trainee Name: Job Title:		O Not Codo:		
Labor Market Outlook/Occupation/Industry: O-				
OJT Training Period Maximum Reimbursement: \$				
Tasks/Skill Requirement/Activities To be learned by Trainee:				

Training Objectives:

The above sets forth a Training Plan and agreement between Managed Career Solutions, the Orange County One-Stop Center Representative, the OJT Participant, and the Company Supervisor.

Please sign to acknowledge and approve the listed tasks to be performed.

Company Signature ______ Date ______

Trainee Signature _____ Date _____

One-Stop Representative Date

Internal Use Only: All OJT Contracts must be reviewed by OC One-Stop Center Manager and submitted to Fiscal prior to start date of Agreement.

Manager Reviewed and Approved: _____ Date: ____

Cc: Accounting/Fiscal BSR/CC Supervisor Compliance