## **ON-THE-JOB TRAINING LETTER OF AGREEMENT**

DR 247 (Rev 03/22)

Employer Name & Address:	DOR Office Name & Address:

The California Department of Rehabilitation hereinafter called "DOR" and the above named Employer hereinafter called the "Trainer" agree to enter into an On-the-Job Training (OJT) Agreement to provide on-the-job training to the below named Trainee, in the below named occupation.

## TRAINING AGREEMENT

The Trainer agrees to provide on-the-job training to the Trainee under the terms set forth in this agreement and in accordance with all applicable laws and regulations governing employment. In consideration of the training services rendered to the Trainee, the DOR agrees to pay the Trainer a training fee as set forth in this agreement.

The Trainer understands that an employee/employer relationship exists, and the Trainer is responsible for the following:

- Applicable and required employer contributions such as unemployment insurance benefits, and Social Security, except the Department may pay for worker's compensation in accordance with California Code of Regulations, title 9, section 7157(c).
- 2. Withholding from the trainee's earnings applicable and required deductions such as state and federal income taxes, Social Security, and State Disability Insurance.
- 3. Paying the Trainee the prevailing rate paid other employees with similar knowledge and skills.
- 4. Employing the Trainee upon completion of the training or assisting in placing the Trainee with another employer.
- 5. Informing the DOR of any problems that may arise.
- 6. Submitting monthly progress reports each month with the invoice.

This OJT agreement is not a legally binding contract and may be modified or terminated at any time by the Trainer or the DOR.

Trainee Name:		Occupation / Vocational Objective:				
Training Period From: Through:		Hours of Work From: Until:  AM/PM  AM/PM				
Number of Days a Week:	Lunch Hour:	Break Time: So		Scheduled Time Off:		
Number of Hours Spent on Job Site: per (day/week/month)		Job Site Location:				
Instruction & Supervision F	,	Contact Contact Phone:		itact E-mail:		
Training Curriculum: Trainer will provide instruction in the following specific skills:						
Trainer to Pay Trainee Wages: \$ per (hour/week/month) for week(s)/month(s)						
				Not to Exceed		
Accommodation(s) and Party Providing the Accommodation(s):						
Trainee Signature:				Date Signed:		
Trainer/Employer Signature:			Date Signed:			
DOR Counselor, {Counselor Name}, Signature:			Date Signed:			
District Administrator, {DA Name}, Signature (if total over \$4,999.99):			Date Signed:			