

Contract # _____ New _____ Modification _____

**GENESEE-LIVINGSTON-ORLEANS-WYOMING (GLOW) WORKFORCE INVESTMENT AREA
ON-THE-JOB TRAINING CONTRACT**

Start Date: _____ Date: _____ Total Reimbursement \$ _____

EMPLOYER

COUNTY

Name _____

Name _____

Address _____

Address _____

Telephone # _____

Telephone # _____

Fax # _____) _____

Fax # _____

Contact _____

Contact _____

Federal ID# _____

TERMS OF CONTRACT

The Employer agrees:

1. To provide On-the-Job Training for the individuals hired/upgraded under this contract in accordance with the Training Outline attached hereto and considered a part of this contract; to provide necessary periodic evaluation, along with materials, equipment, and supplies that are necessary; and shall provide regular trainee monitoring.
2. That the employer intends to retain the individual(s) in the occupation(s) trained for at or above the hourly wage rate in the agreement, subject to the employer's right to terminate the employee(s) if:
 - a. it is fully documented by the employer that the employed is unable to adequately perform his/her job duties, or
 - b. economic conditions lead to a reduction in workforce by the employer, or
 - c. the employee violates company policies.

The employer agrees to notify the Program Operator staff immediately if counseling of the OJT participant is warranted.

3. That the reimbursement provided under this contract is for the extraordinary costs associated with the training of the individual(s) hired/upgraded as a result of this program, and that the individual(s) would not have been hired/upgraded if such reimbursement had not been provided.

4. To assure that the individual(s) hired/upgraded under the contract shall have all rights, privileges, and benefits provided to others similarly employed by the company.
5. Not to discriminate against applicants considered for hire/upgrade under this contract, or those actually hired, because of age, race, color, creed, national origin, political affiliation, disability, gender, sexual preference, or marital status.
6. To provide copies of payroll records in order to verify hours worked and wages paid to individual's hired/upgraded under this contract, relative to the training outline.
7. To abide by the Terms and Conditions attached hereto and considered a part of this contract.
8. To acknowledge that the Debarment Certification attached hereto is considered a part of this contract.

The County Agrees:

1. To assure reimbursement to the employer in accordance with the Payment Schedule if the conditions of the contract have been met. Payment will be at 50% of the employee's starting hourly wage.
 2. To provide the employer with the necessary forms/instructions for claiming reimbursement under the contract.
 3. To assist the employer by providing monitoring and necessary counseling to the trainee(s).
 4. To provide a copy of the Training Outline to the individual(s) hired/upgraded under this contract.
 5. To provide for the cost of tools up to \$500.00 should such tools be necessary and are required of regular employees in order for them to perform their job duties, if included in the payment schedule.
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 6. To provide for the cost of uniforms/footwear up to \$100.00 that a regular employee needs in order to perform his/her job duties, if included in the payment schedule.
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MONITORING/PAYMENT SCHEDULE

Job Title _____ DOT Code: _____

Schedule of Monitoring: Monthly _____ Quarterly _____ Other _____

Schedule of Reimbursement: Monthly _____ Quarterly _____ Other _____

A. Hourly Wage Rate \$ _____

B. Number of Hours Per Week _____

C. Total Hours of Training _____

D. Total Wages (AxC) \$ _____

E. Total Reimbursement (Dx50%) \$ _____

F. Tools \$ NA

G. Uniforms/Footwear \$ NA

H. Total Reimbursement \$ _____

AUTHORIZATION

The persons signing below certify by their signatures that they are authorized to represent the parties of this contract and that they have read and understand the terms, conditions, and assurances of this contract.

County _____

Employer _____

By _____

By _____

Title _____

Title _____

Date _____

Date _____

UNION CONCURRENCE

As a representative of _____ (Union Affiliate), I am aware of the purpose and intent of this program and do not object to the hiring of the individual(s) at the hourly rate noted in this contract.

Name _____ Title _____