



Put us to work for you

**GLOW WIB
OJT Training Request**

Employer Information:

Company Name: _____

Address: _____

Total Number of Employees: _____ Industry: _____ County: _____

Phone: _____ Fax: _____ E-Mail: _____

Date Business Established: _____ If Incorporated, Date of Incorporation: _____

Contact Person: _____ Title: _____

CEO/President: _____ Signature: _____ Date: _____

Financial Information:

Who is authorized to approve/sign reimbursement requests? _____ Title: _____

Who is responsible for payroll records? _____ Title: _____

OJT Position Information: *(If more than 1 position, please attach a list with the following information)*

Job Title: _____ Rate of Pay: \$ _____ Regular Full Time position? Yes No

Who is responsible for training OJT employees? _____ Title: _____

Beginning Date: _____ Ending Date: _____ # of Training Hours _____

Trainee Information: *(If more than 1 trainee, please attach a list with the following information)*

Employee Name: _____ Social Security Number: _____

Job Title: _____ Current Wage: _____

Has the trainee had any previous experience in this type of job? Yes No If yes, how much? _____
Years Months

Please fax this request to Rae Frank, Wyoming County Community Action, Inc. (585) 237-2696

Amount approved not to exceed: \$ _____ Approved by: _____

Counselor Assigned: _____