

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

DR 247 (REV 04/20)

Employer Name &amp; Address:

DOR Name &amp; 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:

1. Applicable and required employer contributions such as unemployment insurance benefits, Social Security, and Worker's Compensation.
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: AM/PM	Until: AM/PM
Number of Days a Week:	Lunch Hour:	Break Time:	Scheduled Time Off:
Number of Hours Spent on Job Site: per (day/week/month)		Job Site Location:	
Instruction & Supervision Provided by:		Contact Phone:	Contact E-mail:

**Training Curriculum:** Trainer will provide instruction in the following specific skills:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.





Trainer to Pay Trainee Wages:

\$ \_\_\_\_\_ per (hour/week/month) for \_\_\_\_\_ week(s)/month(s)

DOR to Pay Training Stipend to the Trainer as follows: Not to Exceed

\$ \_\_\_\_\_ per (hour/week/month) \$ \_\_\_\_\_

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:

Copies to:  Record of Services  Trainer/Employer  Trainee  
 Workforce Development Section  RS  DA