## Fresno Regional Workforce Development Board

**Provider of Services Request for OJT Contract Revision**

All providers must submit the following information when requesting an On-the-Job (OJT) contract revision. You may hand deliver or e-mail this request to the FRWDB Program Manager.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Date of this request: | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 1. Adult | Dislocated Worker | | | | | | | Young Adult | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | |
| 1. Participant Name: | | |  | | | | | | | | State ID #: | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | |
| 1. Provider Requesting Revision: | | | | | | |  | | | | | | | Location: | | |  | |
|  | | | | | | | | | | | | | | | | | | |
| 1. Existing OJT Agreement No: | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | |
| 1. Name of Contact Person: | | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | |
| 1. Telephone No: | |  | | | | | | | 1. Email: | | |  | | | | | | |

Reason for Revision (please place a check mark by each of the items below that are applicable):

Start Date

End Date

Wage Change

Total Hours Change

Modification to Training Outline

Other: please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attach copy of original agreement with all changes in red and documentation**

**showing justification for the revision.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Provider Management Date of this request

\_\_\_\_\_ Approved \_\_\_\_ Denied

Upload approved only form to CalJOBS with other OJT documentation.

|  |
| --- |
| Comments: |
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