## 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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|  |