



Fresno Regional Workforce Development Board OJT Provider of Services Monitoring Form

Participant Name: _____ State ID #: _____

Employer: _____ Phone: _____

Provider of Services (POS): _____

PART I – Desk Review

	<u>YES</u>	<u>NO</u>
1. Was the trainee verified as eligible under the terms of the On-the-Job Training (OJT) provisions?	_____	_____
2. Is the employer in compliance with the insurance and bonding requirements under the terms of the OJT provisions?	_____	_____
3. Was the OJT agreement reviewed by the provider of services' representative and the employer, with pertinent questions answered?	_____	_____
4. Were mandated American Disabilities Act and Department of Fair Housing signage/ documents posted?	_____	_____
5. Are Employment Practices Act information posted and visible?	_____	_____
6. Is the employer in compliance with the Maintenance of Effort and Layoffs, Relocating Establishment/Union Agreements terms as indicated in the OJT provisions?	_____	_____

Signature of Service Provider Staff

Date

PART II - On Site Monitoring

1. Is the participant achieving training objectives as specified in the Employer Training Plan and OJT Agreement?	_____	_____
2. Has the employer completed Timesheets, Evaluations, and Performance forms correctly?	_____	_____
3. Is the time/attendance of the participant recorded in an appropriate manner and did these records substantiate the amount claimed for reimbursement?	_____	_____
4. Were observable health and safety regulations being adhered to?	_____	_____
5. Is there evidence that the employer is in compliance with the OJT Definition of Employer Will Hire, Train and Commit To Retain?	_____	_____
6. Is there evidence that the employer is in compliance with the payments terms as indicated in the OJT provisions?	_____	_____
7. Has technical assistance been provided per the OJT provisions?	_____	_____
8. Is the employer in compliance with the Equal Employment Opportunity/Affirmative Action terms as indicated in the OJT provisions?	_____	_____
9. Is the employer in compliance with the Sectarian/Political Activities Prohibited terms as indicated in the OJT provisions?	_____	_____
10. Is the employer in compliance with the Trainee Wages terms as indicated in the OJT provisions?	_____	_____
11. Has the participant performed any duties or received training not listed on the Training Plan?	_____	_____

Signature of Service Provider Staff

Date

PART III-Desk Review – Post Completion

	<u>YES</u>	<u>NO</u>
1. Has the participant successfully completed the OJT?	_____	_____
2. If completed, was an offer of continued employment made to the participant?	_____	_____
3. If terminated, was the provider of services notified at least five days prior to termination? Not Applicable _____	_____	_____
4. Were all employer reimbursement invoices submitted in a timely manner?	_____	_____
5. Was the final reimbursement form submitted within 30 days after the end of the contract?	_____	_____
6. Was the work site monitored at least once during the OJT contract?	_____	_____
7. Is the employer in compliance with the Records Retention/Monitoring and Audit terms as indicated in the OJT provisions?	_____	_____
8. Is the employer in compliance with all other terms and conditions as indicated in the OJT provisions?	_____	_____
9. Has the employer of record signed and delivered a Performance Review.	_____	_____

Signature of Service Provider Staff

Date

If any of the questions listed above are checked "No," please comment and/or clarify:

I certify that a completed copy of this monitoring form was mailed personally delivered to the employer on _____
Date

Signature of Service Provider Staff

Date

Print Service Provider Staff Name

Provider of Services OJT Monitoring Form

Instructions

Part I: Desk Review

This part must be completed immediately after the participant begins training. A comment section is provided on page two to clarify any “No” responses.

Part II: On Site Monitoring

In accordance with the OJT Monitoring requirements, this section must be completed during the term of the agreement after at least 50%, but not more than 75%, of the training hours have been completed. If an answer to any question is “No”, Provider staff are to immediately implement the corrective action process, as documented in the OJT operational directive.

Note: In the event the POS has an existing OJT agreement with the same employer and at the same employer-training site, questions 4, 8, and 9 may be answered based on previous observations, if made within the last 30 days. Additionally, when an employment agency is the employer of record, only questions 1, 4, 7, and 9 needs to be answered.

Part III: Desk Review – Post Completion

This section is to be answered after the trainee has completed the OJT. If an answer to any question is “No,” immediate action must be taken to correct deficiencies.

Each OJT employer must receive a closeout report at the conclusion of an OJT agreement. The OJT POS Monitoring form may be used in lieu of a letter confirming successful completion of the OJT. It must be mailed or hand delivered to the employer and appropriately documented on page 2 of the form. The closeout report must be provided to the employer with the signature of the authorized POS’ representative. Delivery of this report must be case noted.