

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: _____
2. Adult Dislocated Worker Young Adult
3. Participant Name: _____ State ID #: _____
4. Provider Requesting Revision: _____ Location: _____
5. Existing OJT Agreement No: _____
6. Name of Contact Person: _____
7. Telephone No: _____ 8. 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:
