

Washington Student Achievement Council

**STATE APPROVING AGENCY
VETERAN'S TRAINING AGREEMENT
"ON-THE-JOB TRAINING"**

Training Establishment

Name _____

Address _____

_____ (Zip) _____

Telephone _____

FAX _____

Training Coordinator

Veteran's Profile

Name _____

Address _____

_____ (Zip) _____

Telephone _____

Social Security No. _____

Training Program Information

1. Program Name: _____

2. Length of the training period as approved by the SAA for the occupation:
in months _____ and in hours: _____

3. Credit given for prior experience: _____

4. Training dates: **(excluding credit for prior experience)**

Beginning _____ Ending _____

5. Method used to show veteran's progress toward job objective: _____

6. Entrance Wage: \$ _____

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TERMS OF AGREEMENT

The job, which is the objective of the training, is an entry-level position within the specified occupational area which can be attained only through participation in an organized and supervised on-the-job training program, but not through such factors as normal turnover or length of service within the training establishment.

The training program is of sufficient content to prepare the employee adequately for the job objective. Provision will be made for related instruction for the individual veteran who may need it.

Adequate space, equipment, instructional material, and instructor personnel will be maintained throughout the training program.

The job customarily requires a period of training of not less than six months and not more than two years of full-time training. The length of the training period is no longer than that customarily required by the training establishment and other training establishments in the community to provide the veteran the required skills and to arrange for the acquiring of job knowledge, technical information, and other facts which the veteran will need to learn in order to become competent on the job for which he/she is being trained.

This certifies that the veteran or eligible person is not already qualified by training and experience for the job. No veteran already qualified for the job objective will be permitted participation in the DVA/OJT program. Veterans who are partially qualified will be given credit for experience or previous training and their training programs will be shortened accordingly. By signing below I am certifying that all **applicable** prior credit toward this OJT Program has been reviewed and applied as appropriate.

The veteran trainee is covered by Industrial Accident Insurance - Workmen's Compensation.

The wages paid the veteran upon entrance into training will meet the legal minimum wage, will not be less than the wages paid non-veterans in the same training position, and will be at least 50% of the wages paid for the job for which he/she is to be trained. Furthermore, the wages will be increased in regular periodic increments until they are at least 85% of the wages paid for the job for which the veteran(s) is being trained no later than the last full month of the scheduled training period.

There is reasonable certainty that the job with your establishment for which the veteran is to be trained will be available to him/her immediately at the end of the training period.

The veteran employee will spend a minimum of 30 hours per week training in the program.

A file will be maintained on each veteran trainee during the training program. The file will contain the program approval letter, training agreement, training outline, and monthly progress report forms. Records will also be maintained on the number of hours worked and the wages paid to the employee.

A signed copy of the training agreement and the training program outline will be provided to the trainee.

I acknowledge by my signature that this training program is/will be in accordance with the above terms.

Authorized Signature of Employer

Date

Printed Name and Title

Facility Code

I acknowledge by my signature that I have read and understand the terms of this agreement, and I agree to apply myself diligently and faithfully to the training program as set forth herein.

Signature of Veteran Trainee

Date

Printed Name

Distribution:

Original: To: WSAC/State Approving Agency, P.O. Box 43430, Olympia, WA 98504-3430
Copies: (2) Employer/Veteran Trainees File
(3) Veteran Trainee