WIOA Trainee Work Plan

WIOA Worksite Agreement Number: _____

PART II: WIOA Trainee Work Plan

A WIOA Trainee Work Plan must be attached to the corresponding WIOA Worksite Terms and Conditions for each Trainee.

Trainee Information

Trainee Name: _____
Trainee Telephone: _____
Participant ID: _____
Program: ☐ Adult ☐ Dislocated Worker ☐ Youth IS ☐ Youth OS
Emergency Contact: _____
Emergency Contact Telephone: _____

Worksite Information

Worksite: _____
Worksite Address: _____
Worksite Telephone: _____
Days/Hours of Operation: _____
Supervisor: _____
Supervisor Telephone: _____
Alternate Supervisor (if applicable): _____
Alternate Supervisor Telephone: _____

General Training Information

Job Title: _____
Hourly Wage: _____
Maximum Hours (optional): _____
Work Schedule: _____
Work Location: _____
Estimated Start Date: _____
Estimated End Date: _____

Duties and Responsibilities

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

The Oklahoma Employment Security Commission is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

I certify that the above WIOA Trainee Work Plan is correct.

Trainee Signature: _____
Date: _____

Worksite Supervisor Signature: _____
Date: _____

WIOA Representative Signature: _____
Date: _____

Alternate Supervisor Signature (if applicable): _____
Date: _____

Modification Section

If a Trainee Work Plan is being modified for any reason other than changing Worksites, complete the modification section below. If the Trainee is changing Worksites, a NEW Trainee Work Plan must be completed and attached to the corresponding WIOA Worksite Terms and Conditions.

Modification 1

Description of Modification:

WIOA Representative Signature: _____
Date: _____

Modification 2

Description of Modification:

WIOA Representative Signature: _____
Date: _____

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