

STATE OF OREGON

Bureau of Labor and Industries – Apprenticeship and Training Division
State Approving Agency (SAA)

VETERANS ON-THE-JOB TRAINING (OJT) PROGRAM STANDARDS

EMPLOYER OR FACILITY

1. OCCUPATION: **Title**
(Federal title: _____)
SOC: _____
DOT: _____

2. MINIMUM QUALIFICATIONS FOR APPLICANTS: *(adapt as needed for program)*

Age:	
Education:	
Other:	

3. GEOGRAPHICAL AREA: _____ *(adapt as needed for program)*

4. OJT HOURS REQUIRED FOR COMPLETION: _____ *(adapt as needed for program)*

5. WORK PROCESSES AND APPROXIMATE HOURS: *(adapt as needed for program)*

	<u>Hours</u>
a.	
b.	
c.	
d.	
e.	
f.	
g.	
h.	
	Total

6. RELATED TRAINING: *(adapt as needed for program)*

Training site(s)/location(s):	
Delivery method(s):	
<u>Subjects</u>	<u>Hours</u>

Employer or Facility Veterans OJT Program	Occupation
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a.		
b.		
c.		
d.		
e.		
f.		
g.		
h.		
		Total

7. WAGE SCHEDULE: *(adapt as needed for program)*

Journey level wage:	\$	
Effective date:		
<u>Period</u>	<u>Length</u>	<u>Wage rate (hourly/monthly?)</u>
1	Months, hours, etc	\$____ (or ____%)
2	Months, hours, etc	\$____ (or ____%)
3	Months, hours, etc	\$____ (or ____%)
4	Months, hours, etc	\$____ (or ____%)
5	Months, hours, etc	\$____ (or ____%)
6	Months, hours, etc	\$____ (or ____%)

8. RATIO: *(adapt as needed for program)*

In order to assure adequate training and supervision, the number of trainees will not exceed the following ratio:

First trainee:	1	trainee to		journey level	Occupation
Additional trainees:	1	trainee to		journey level	Occupation

9. CREDIT FOR PREVIOUS EXPERIENCE: *(adapt as needed for program)*

Veterans with creditable experience in the occupation will be granted advanced standing with commensurate wages for any progression steps so granted.

10. PERIODIC REVIEW & EVALUATION, MAINTENANCE OF PROGRESS RECORDS:

The employer will regularly review and evaluate the veteran's progress in job performance and related instruction and take appropriate action. If progress is not satisfactory, the employer may withhold periodic wage advancements, suspend or revoke the training agreement. A record-keeping system will be established to record hours worked and training received, and to measure the quality of the veteran's progress.

Employer or Facility Veterans OJT Program	Occupation
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11. CONTACT INFORMATION:

Employer or Facility

Contact Name, Title

Street

City, State Zip

Phone: _____

Fax: _____

Email: _____

Oregon Bureau of Labor and Industries - Apprenticeship and Training Division

State Approving Agency (SAA)

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