



Put us to work for you

**GLOW WIB  
OJT Training Request**

**Employer Information:**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_ Industry: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date Business Established: \_\_\_\_\_ If Incorporated, Date of Incorporation: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

CEO/President: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Financial Information:**

Who is authorized to approve/sign reimbursement requests? \_\_\_\_\_ Title: \_\_\_\_\_

Who is responsible for payroll records? \_\_\_\_\_ Title: \_\_\_\_\_

**OJT Position Information:** *(If more than 1 position, please attach a list with the following information)*

Job Title: \_\_\_\_\_ Rate of Pay: \$ \_\_\_\_\_ Regular Full Time position? Yes No

Who is responsible for training OJT employees? \_\_\_\_\_ Title: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ # of Training Hours \_\_\_\_\_

**Trainee Information:** *(If more than 1 trainee, please attach a list with the following information)*

Employee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Current Wage: \_\_\_\_\_

Has the trainee had any previous experience in this type of job? Yes No If yes, how much? \_\_\_\_\_  
Years Months

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**Please fax this request to Rae Frank, Wyoming County Community Action, Inc. (585) 237-2696**

Amount approved not to exceed: \$ \_\_\_\_\_ Approved by: \_\_\_\_\_

Counselor Assigned: \_\_\_\_\_