



**WORKFORCE INVESTMENT BOARD OF TULARE COUNTY
AMENDMENT TO OJT AGREEMENT**

1. Trainee Name:	Application No.:
2. Business Name: Address/City/Zip: Phone No.: I.R.S. Employer I.D. No.: Type of Industry:	3. Service Provider: Representative: Phone No.: Email:
4. ORIGINAL AGREEMENT INFORMATION	
Job Title:	O*NET Code:
Begin Date: End Date:	Number of Weeks: Total Hours:
Hourly Wage: \$ Reimbursement Rate:	Total Reimbursement Not To Exceed:
5. CHANGES Effective Date of Change:	
Job Title:	O*NET Code:
Begin Date: End Date:	Number of Weeks: Total Hours:
Hourly Wage: \$ Reimbursement Rate:	Total Reimbursement Not To Exceed:
6. DESCRIPTION OF TRAINING: (Describe changes in training plan). Attach Training Plan (WIB Form 18-07).	
7. JUSTIFICATION OF CHANGE: (i.e. start/end dates, wage increase, job title, training plan – attach revised training plan)	
8. Except as provided above, all terms of the original On-the-Job Training Agreement for trainee listed remain in full force and effect. In witness whereof, the parties thereto, have executed this agreement on the date first written.	
9. Business Representative: Title: Signature: Date:	10. Trainee: Signature: Date:
Workforce Investment Board of Tulare County By: <u>Jennie Bautista</u> Title: <u>Deputy Director</u> Signature: Date	Service Provider: By: Title: Signature: Date: