



State of Illinois
Department of Human Services/Division of Rehabilitation Services
OJE/OJT TRAINING AGREEMENT / WORK SITE FORM

SCHOOL YEAR _____

Student's Name _____ DHS/DRS Case # _____

Employer _____ Work Site Supervisor _____

Address _____ Phone: _____

Job Title _____

Job duties student learner will learn at training site: _____

Beginning Date: _____ Ending Date: _____

Student learner's work schedule: _____ A.M./P.M.

Hours Per Week: _____ A.M./P.M.

Wage Per Week: _____ Flexible Schedule

SCHEDULE OF WAGES: (check one)

- OJE ___ OJT ___ Employer Paid ___
- OJE ___ OJT ___ Employer Paid ___
- OJE ___ OJT ___ Employer Paid ___
- OJE ___ OJT ___ Employer Paid ___
- OJE ___ OJT ___ Employer Paid ___
- OJE ___ OJT ___ Employer Paid ___
- OJE ___ OJT ___ Employer Paid ___

SCHEDULE OF DHS/DRS TRAINING FUNDS:

- \$ _____ per hour for _____ wks./mo.
- \$ _____ per hour for _____ wks./mo.
- \$ _____ per hour for _____ wks./mo.
- \$ _____ per hour for _____ wks./mo.
- \$ _____ per hour for _____ wks./mo.
- \$ _____ per hour for _____ wks./mo.
- \$ _____ per hour for _____ wks./mo.

Student learners placed on this job site will be evaluated at the end of each school grading period
 Regular, periodic visits to the work site will be made by the school coordinator at the rate of
 ___ visits per week/month.

 Employer/Date

 Vocational Coordinator/Date

 S.T.E.P. Liaison Counselor/TS Date