|  |  |  |  |
| --- | --- | --- | --- |
| Employer |  | Employer Contact |  |
| Trainee Name |  | Trainee Title |  |
| Supervisor-Trainer/Title |  | | |
| Trainee O\*Net Title |  | O\*Net Code |  |

**Training Outline**

|  |  |  |  |
| --- | --- | --- | --- |
| Skills and Knowledge | Training Length (Hours) | Minimum Performance Standards | Performance Criteria |
| Orientation | 8 Hours | The trainee will be introduced to the supervisory / administrative staff. | Non-reimbursable |
| Responsibilities and Duties |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| Total Hours |  |  | |

By signing below, I acknowledge participation in the Chemung Schuyler Steuben Workforce New York On-the-Job Training Program. I have received a copy of my training plan and understand that should concerns regarding my training arise, Chemung Schuyler Steuben Workforce New York representatives are available for assistance.

Trainee Signature

Trainee Name