



PO Box 44169  
Olympia WA 98504-4168  
Fax: 360-902-6787

## Worker Information

|             |              |
|-------------|--------------|
| Worker Name | Claim Number |
|-------------|--------------|

## Training Information

|   |            |  |          |
|---|------------|--|----------|
| Training Site Name                                    |            |  |          |
| Training Site Address                                 | City       | State                                  | Zip Code |
| Contact Person Name                                   | Position   |  |          |
| Trainer Name  | Position   |  |          |
| Work Position   | DOT Number |  |          |
| Training Hours  |            |  |          |
| Wages (show progression and dates of increase if any) |            |  |          |
| On-the-Job Training Agreement Start Date              |            | On-the-Job Training Agreement End Date |          |
| Training Purpose (brief statement)                    |            |  |          |
| Description of Job                                    |            |  |          |

## Learning Objectives — Identify class/course or experiential learning dates and itemize skills to be acquired for each period. Go to page 3 to add more Learning Objectives.

|                               |                             |
|-------------------------------|-----------------------------|
| Learning Objective Start Date | Learning Objective End Date |
| Trainee will learn:           |                             |
| Learning Objective Start Date | Learning Objective End Date |
| Trainee will learn:           |                             |
| Learning Objective Start Date | Learning Objective End Date |
| Trainee will learn:           |                             |

Attach [Accountability Agreement \(F280-016-000\)](#) to vocational place for trainee responsibilities.

**Training provider agrees to:**

- A. Provide training to enable the trainee to acquire skills outlined in the learning objectives identified above.
- B. Maintain daily attendance records on behalf of trainee's proposed training agreement during the period of training.
- C. Complete a monthly performance report provided by the vocational provider.
- D. Inform the vocational provider of any difficulties that the trainee has in performing the training, including attendance, physical capacity, motivation, or aptitudes.

**The trainer does not guarantee employment and reserves the right to terminate the trainee according to the company's personnel policies.**

**Signatures**

\_\_\_\_\_  
Trainee's Printed Name

\_\_\_\_\_  
Claim Number

\_\_\_\_\_  
Trainee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trainer's Printed Name

\_\_\_\_\_  
Trainer's Phone Number

\_\_\_\_\_  
Trainer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vocational Provider's Printed Name

\_\_\_\_\_  
Provider Number

\_\_\_\_\_  
Vocational Provider's Signature

\_\_\_\_\_  
Date

|             |              |
|-------------|--------------|
| Worker Name | Claim Number |
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| Learning Objective Start Date | Learning Objective End Date |
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| Trainee will learn: |
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| Learning Objective Start Date | Learning Objective End Date |
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| Trainee will learn: |
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| Learning Objective Start Date | Learning Objective End Date |
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| Trainee will learn: |
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