

Employability Assistance for People with Disabilities Training-on-the-Job Agreement Form

Name of Employer:	Address:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Name of Employee in Training:	SIN:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Terms & Conditions

1. Training Period:

Start Date:	End Date:	Initial Request:	Extension #	Number of weeks:	Hours Per Week:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Gross wages as an hourly rate: <input style="width: 95%;" type="text"/>					
If a pre-determined wage increase(s) will occur during the training period indicate increased hourly rate(s): <input style="width: 95%;" type="text"/> and anticipated effective date: <input style="width: 95%;" type="text"/>					

2. Estimated reimbursement by EAPD as follows:

Total Hours		Gross Hourly Wage		Total Wages		% Reimbursement		Max Reimbursement
<input style="width: 95%;" type="text"/>	x	<input style="width: 95%;" type="text"/>	=	<input style="width: 95%;" type="text"/>	x	<input style="width: 95%;" type="text"/>	=	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	x	<input style="width: 95%;" type="text"/>	=	<input style="width: 95%;" type="text"/>	x	<input style="width: 95%;" type="text"/>	=	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	x	<input style="width: 95%;" type="text"/>	=	<input style="width: 95%;" type="text"/>	x	<input style="width: 95%;" type="text"/>	=	<input style="width: 95%;" type="text"/>
Total:								= <input style="width: 95%;" type="text"/>

3. Employer is responsible to provide training and supervision to the employee as outlined on the attached Training-on-the-Job request form TOJ Initial or TOJ Extension. EAPD reserves the right to terminate this agreement when, in its opinion, the employer has failed to provide the aforesaid training and supervision.
4. EAPD will reimburse the employer a percentage of gross hourly wages paid to the employee as set forth above.
5. Employer accepts responsibility for all employee benefits as required by Federal and Provincial law.
6. Employer will provide invoices, attendance, and progress reports to EAPD at the following address and agrees to allow EAPD to enter upon the Employer's premises to monitor and evaluate the employee's progress.
7. The Employer enters into this Agreement with a commitment to provide continuing employment following the subsidized training period, provided that the employee's work performance is satisfactory.
8. The Employer will submit invoices for wage reimbursement, as provided in paragraph 2, the frequency of which shall be at the employer's discretion but may be no later than the 3rd working day of April in order to be reimbursed for the prior fiscal year ending March 31. Claims shall not exceed the total maximum reimbursement of .
9. Any party to this agreement may cancel the agreement upon 5 working days notice to the other parties.

Employer Name	Employer Signature	Date
Employee Name	Employee Signature	Date
Vocational Counsellor Name	Vocational Counsellor Signature	Date

Recommended by:	Approved by:
Regional Program Manager/Supervisor	EAPD Designated Authority
Date	Date

To be completed in triplicate