



## Career Counselor Worksheet OJT CANCELLATION

*For use with WIOA Funded On the Job Training*

<input type="checkbox"/> Alameda County (ACWDB) <input type="checkbox"/> Contra Costa County (CCC) <input type="checkbox"/> City of Richmond (RCH)
<b>OPIC OJT/PO NUMBER:</b> >.....

*This is a fillable Word form.*

Click on >   to begin then tab to each box

EMPLOYER INFORMATION		
<b>EMPLOYER:</b> > _____		
<b>BILLING ADDR:</b> _____	<b>CITY/ST/ZIP:</b> _____	
<b>CONTACT:</b> _____	<b>TITLE:</b> _____	
<b>CONTACT PHONE:</b> _____	<b>FAX:</b> _____	<b>EMAIL:</b> _____

PARTICIPANT INFORMATION		
<b>WIOA REGISTRANT:</b> _____	<b>APP #</b> _____	<b>SSN4:</b> _____
<b>CASE MANAGER:</b> _____	<b>CENTER:</b> _____	
<b>PHONE:</b> _____	<b>FAX:</b> _____	<b>EMAIL:</b> _____
<b>TRAINING OCCUPATION:</b> _____		
<b>GRANT CHECKBOOK TITLE:</b> _____		

**1. OJT TERM:**

a. Existing OJT Training Period: _____	To:	_____
b. <b>Date of OJT Cancellation</b> (Last day client attended training): _____		_____
c. Total Training Hours scheduled: _____		_____
d. <b>Number of scheduled training hours elapsed before Cancellation Date:</b> _____		_____

**2. OJT OBLIGATION:**

a. Total amount obligated by this OJT:	\$	_____
b. Amount previously paid to Employer:	\$	_____
c. <b>Estimated Total Amount due to Employer:</b>	\$	_____

**MODIFICATION PURPOSE:** (600 characters)

By signing and transmitting this *OJT Cancellation*, the undersigned intends that the Oakland Private Industry Council rely upon and act in accordance with all of the information contained herein. You must notify OPIC of any changes in customer activities, and/or any discrepancies in support documents affecting this *OJT Cancellation*.

Case Manager: _____	Site Manager: _____
PRINT NAME: _____	PRINT NAME: _____
Date	Date
TITLE: _____	TITLE: _____