

# On-the-job training

Hire the right talent and save

**Get reimbursed for 70% of the costs to train new employees.**

Growing your business is as simple as 1, 2, 3:

1

## Tell Us Your Hiring Needs

We'll ask you to provide some basic information about your business, the position(s) you need to fill, and any employee training you currently conduct.

2

## Develop the Right Training Plan

We'll provide you with a standard training plan for the position you need to fill. You can either use the training plan "as is" or work with us to customize it for your specific position. You'll use this as a guide to train your new employee(s).

3

## Begin Training Within 2-4 Weeks

Select the candidate of your choice, and you could begin training in as little as 2-4 weeks.

To get started, email [training@sbs.nyc.gov](mailto:training@sbs.nyc.gov) with the subject line "OJT" or call 311 and ask for "On-the-job Training." We'll get back to you within 3 business days.

For more information on NYC Business Solutions training opportunities, visit [www.nyc.gov/training](http://www.nyc.gov/training).



**Q: What exactly does on-the-job-training pay for?**

**A:** We'll reimburse you for 70% of the trainee's salary (up to \$25/hour) during the hours that he/she participates in training (up to 280 hours within the first 3 months of employment).

**Q: How quickly will I get reimbursed?**

**A:** You will receive reimbursement once your employee completes training.

**Q: What are the hiring requirements?**

**A:** There are only three requirements. Your new employees must:

- Be New York City residents, and
- Have been out of work for six months (27 weeks) or more, or lost work as a direct result of Hurricane Sandy prior to June 30th, 2013, or classify as recent school graduates (including career and technical high schools (CTE) and CUNY 2 and 4-year programs), or classify as a Veteran, or a Veteran's spouse, and
- Positions must be full-time: You'll need to hire your trainees as full-time employees (minimum of 30 hours /week) as of day one, earning at least \$10/hour with supplemental health benefits or \$11.50/hour without benefits

**Q: How do I figure out what kind of training to give my employees?**

**A:** We'll provide you with a standard training plan for the position you need to fill. You can either use the training plan "as is" or work with us to customize it for your specific position. You'll use this as a guide to train your new employee(s).

**Q: What will I need to do during training?**

**A:** During training, you'll need to keep track of your new employees' training hours using a simple sign-in sheet (we'll show you how and help you along the way) and let us come by for a site visit.

**Q: What else should I know?**

**A:** We'll meet with you at the end of training in order to close out the program and learn from you about what worked well and what we can improve. We'll also follow up with you six months after the training period has finished to find out how the training worked out in the long run.

# New Skills, New Jobs

## On-the-Job Training Program Guidelines

---

### **I. Before You Apply:**

1. The Basics
2. Who is Eligible?
3. Eligible Training Costs
4. Ineligible Training Costs

### **II. Applying:**

1. On-the-Job Training Plan
2. Business Eligibility Review & Due Diligence
3. Hand-off Call
4. On-the-Job Training Award Letter
5. Hiring Your Employees

### **III. Training:**

1. Point of Contact
2. Recruitment - Selecting Hires
3. Contracting
4. Tracking Training
5. Site Monitoring

### **IV. Finishing Up the Program:**

1. Reimbursement Documentation
2. Close Out and Review
3. Additional Awards

*Administrators of the On-the-Job Training Program reserve the right to amend these Program Guidelines at any time, without advance notice, and to deviate from these Guidelines when such deviation is deemed to be in the best interests of the On-the-Job Training Program.*

## I. Before You Apply

### 1. The Basics

#### **What is New Skills, New Jobs?**

New Skills, New Jobs (“OJT Program”) is an on-the-job training program launched in July of 2012 by the New York City Department of Small Business Services (SBS) and the Workforce Development Corporation<sup>1</sup> (WDC), and funded by the New York City Council.

The OJT Program is designed to help businesses improve overall performance by assisting them with recruiting qualified candidates, and then providing a grant to offset 70% of up to 280 hours of training wages incurred while the newly hired employee(s) participate in on-the-job training. The OJT Program is also designed to support the employment and skill development of long-term unemployed, Hurricane Sandy-impacted, veteran and military spouse, and new graduate workers.

#### **What is On-the-Job Training?**

On-the-job training is defined as training where a current employee (the “Trainer”) instructs the new employee(s) (the “Trainees”) on the skills needed to perform his/her new job effectively. Either the Trainee performs the job while the Trainer instructs or the Trainer performs the job while the Trainee observes. On-the-job training should take place mostly on the job; however, some classroom training is also permissible.

#### **What’s in it for you?**

##### ***OJT helps save you time and money***

1. Save time in recruiting qualified employees by utilizing the Workforce1 system.
2. Be reimbursed for up to 70% of new hire wages during their first 280 hours of training (within the first three months of employment).

##### ***OJT lets you train candidates to get the job done your way***

1. Develop or utilize a customized training curriculum for new and future hires to meet your specific business needs.

#### **What’s in it for us?**

As your employees gain new skills and are able to contribute more to your business, this creates a more highly skilled workforce and contributes to the economic development and advancement of New York City.

---

<sup>1</sup> The WDC is an independent 501(c)(3) not-for-profit created by the City of New York (“City”) specifically for the purpose of assisting the City in developing and funding workforce initiatives.

## 2. Who is Eligible?



**Final OJT Program eligibility determinations are at the sole discretion of the OJT Program administrators.**

### **Your business must:**

1. Be a local New York City business. This means the business *enterprise* can be a multi-location entity with headquarters somewhere else, but the *location* participating in the OJT Program must be located in the 5 boroughs.
2. Be in operation for at least 1 year. This generally means the business *location* interested in the OJT Program needs to have been operating for at least one year when you hire the new employees for the OJT Program.
1. Have a current hiring need for full-time, permanent positions (with a minimum 30 hours per week).
2. Have open positions that meet wage requirements: (1) at least \$10 per hour with supplemental benefits; or (2) \$11.50 per hour without benefits. The OJT Program will only reimburse on wages up to \$25 per hour. Please speak to the OJT Account Manager for information regarding wage requirements for tipped employees such as restaurant servers.
3. Have a clear need to train employees on-the-job during the typical onboarding process.
4. Have the organizational capability to hire the trainee(s) on day 1 of training and manage the administrative work associated with training plan development, contract execution, trainee wage reimbursement, etc.

Your business is probably a good fit if it also:

1. Falls within an industry sector or subsector that supports occupations that typically require on-the-job training.
2. Already uses senior employees to train new hires on the job.
3. Already uses shadowing and hands-on instruction as tools for training.
4. Agrees to use the OJT Program as a tool to bring on less experienced candidates and get them up to speed OR as a way to build out a formal training process for new hires.

### **Your OJT Program Trainees must:**

1. Be 18 years of age;
2. Be a New York City resident;
3. Be legally authorized to work in the United States; and
4. Be categorized as at least one of the following:
  1. Long-term unemployed (6+ months of unemployment, excluding out of sector and temporary stop-gap employment) AND/OR
  2. Unemployed as a direct result of Hurricane Sandy or other qualifying natural disasters AND/OR

3. Qualify as a veteran or military spouse (“veteran” is defined as having served at least 1 day of active duty in the military, air, or naval services, including National Guard and Reserve components) AND/OR
4. Recent school graduates, *i.e.* any graduate who received a high school diploma or equivalency or successfully completed a degree or continuing education program within the last two years. Continuing education programs include 2- and 4-year college programs as well as occupational training programs.

#### 5. **Eligible Training Costs**

The only costs eligible for reimbursement under the OJT Program are Trainee wages for hours spent in training. Tips, bonuses, lunch hour, and commissions that contribute to trainee wages are not eligible for reimbursement.

#### 6. **Ineligible Training Costs**

The following costs are ineligible for reimbursement under the OJT Program:

1. Employer or third party training costs.
2. Fringe benefits, overtime wages, tips, bonuses, or commission. Only the employee’s base salary will be factored into the OJT Program grant.
3. Wages over \$25 per hour.
4. Lunch Hour (a standard one hour lunch deduction will be deducted for hours trained at or above (8) eight hours per day).
5. Equipment, including equipment leased such as copiers or laptop computers.
6. Travel expenses.
7. Renovation of facilities.
8. Uniforms.
9. Certification fees.
10. Costs related to hiring a temporary worker to perform the duties of the employee being trained. Only the wages of the employee being trained can be factored into reimbursable OJT Program costs.

## II. Applying



The OJT Program is a discretionary training program. All awards are contingent on the availability of training funds and a determination that each grant will further the interests of the OJT Program.

1. **On-the-Job Training Plan**

In order to be considered for the OJT Program, you must first complete an “OJT Training Plan” and submit it for review via email to the sales staff (*i.e.*, NYC Business Solutions, Industrial Business Service Providers, Brooklyn Navy Yard, etc.) that has been working with your business. The OJT Training Plan(s) must clearly detail training tasks and associated training hours, and demonstrate a need for on-the-job training in onboarding new hires to the business. A separate training plan is required for each unique position included.

In addition to training tasks and hours, the OJT Training Plan must include the following information: Employer’s Legal Name and dba, if any; Tax ID Number; Years in Operation; Owner's Name; Owner's Title; Authorized Contract Signatory; Supervisor/Contact Person; Phone Number; Email Address; Employer’s Address; Trainee Position Title; Trainee’s Hourly Wage; Health Insurance Benefits (Yes/No); Weekly Hours; and Lunch (allotted time).

The OJT Training Plan template can be found in Appendix A.

2. **Business Eligibility Review and Due Diligence**

The OJT Account Manager will review business and Trainee eligibility based on the requirements set out in Section I of these Guidelines, and the OJT Training Plan. A due diligence search will also be performed on each applicant. All interested applicants will generally be notified of their eligibility status within 5 business days following the submission of an OJT Training Plan. Note, however, that the process may take longer if there is missing information in the Training Plan or if the due diligence check uncovers negative information.

3. **Hand-Off Call**

The sales team will coordinate a hand-off call between themselves, the OJT Account Manager, and applicant, to discuss outstanding questions related to program acceptance, provide applicants more information on the OJT Program, and detail the expectations of participating employers. After the call, the OJT Account Manager will determine final approval for an award.

In addition to a positive eligibility determination and due diligence check, businesses are awarded based on the need for funding and training, feasibility, training timelines, new or upgraded skills for trainees, and the potential impact on economic activity in New York City.

4. **OJT Training Award Letter**

All businesses will be notified by letter and email of OJT Program acceptance or rejection within 5 business days of the hand-off call.

## 5. **Hiring Your Employees**

Once an award letter is delivered, the sales staff will support the Trainee recruitment process in coordination with the employer. The OJT Account Manager must be notified of hires as soon as they are selected for onboarding and participation in the OJT Program. See the following section for more details on this process.

## III. Training

### 1. **Point of Contact**

Each awarded business will communicate directly with the OJT Account Manager as its primary contact person for the OJT Program. The OJT Account Manager will also reach out periodically to check-in with you during the recruitment process, work with you to review the scope and budget of the program, manage the contract execution process, conduct site visits, monitor training progress, and evaluate final outcomes after program completion.

The current OJT Account Manager is Michelle Cadore, [mcadore@sbs.nyc.gov](mailto:mcadore@sbs.nyc.gov).

### 2. **Recruitment – Selecting Hires**

As previously mentioned, once an OJT eligible candidate is selected for hire, you must notify the OJT Account Manager by email confirming the following information: Trainee's Name; Official Start Date; Official Job Title; and Hourly Wage. This information must be accompanied by a Customer Information Form, a Hurricane Sandy attestation, and a copy of the new hire's date of birth record. Failure to submit required documentation may lead to individual new hires being excluded from the OJT Program.

The OJT Account Manager will confirm new hire eligibility within 3 business days and initiate the contract execution process.

The Customer Information Form and Hurricane Sandy attestation can be found in Appendices B and C, respectively.

### 3. **Contracting**

If awarded, you must sign and execute a contract ("Training Agreement") with the WDC to be eligible to receive associated funding. A Training Agreement will not be executed until final OJT Training Plan(s) and trainee eligibility forms, including the Customer Information Form and other attestation forms, have been submitted to the OJT Account Manager.

Once the Training Agreement is received by the business, it must be signed, notarized, and returned to the OJT Account Manager within 10 business days.

 Be advised that execution of a Training Agreement is not a guarantee of future payment – expense reimbursement is dependent on compliance with various terms in the Training Agreement. The WDC will not reimburse any expenses that fall outside the contracted term or that do not comply with the OJT Training Plan or other Training Agreement terms.

#### 4. **Tracking Training**

You will be provided with Training Activity Logs to track the exact days and training hours for each Trainee. These should be completed each day, signed by the Trainer, and submitted at the end of the training period along with other required reimbursement documentation.

The Training Activity Log can be found in Appendix D.

 Where Trainer signatures are missing and/or training information is not legible, the WDC will not reimburse for those hours.

 A standard one hour lunch deduction will be applied to all hours trained at or above 8 hours per day.

#### 5. **Site Monitoring**

The OJT Account Manager will visit each training site at least once during the course of the Training Agreement term. A site visit allows the OJT Account Manager to evaluate training taking place in order to maximize performance and ensure that training is in line with the contracted goals. The site visits will include interviews with both Trainees and Trainers to evaluate the fit of the new hires as well as general successes and challenges faced by the program and/or business.

 Businesses must make themselves and their employees available to participate in site visits. Failure to do so may lead to termination from the OJT Program.

## IV. Finishing Up the Program

### 1. **Reimbursement Documentation**

The WDC requires documentation to validate training-related expense eligibility for reimbursement. Reimbursement documentation can be submitted on a bi-weekly basis or at the end of the training period and must consist of payroll documentation complying with all applicable laws, such as payroll records or pay stubs that demonstrate the contracted hourly rate and hours worked, and the Training Activity Log.

The final reimbursement is calculated by verifying the wage and totaling the hours logged on the payroll records and documented on the Training Activity Log for the training period. The total hours and wages are then multiplied and the 70 percent is applied to calculate the total reimbursement. The total amount reimbursed is capped at the contracted award amount.

$$(\text{Training Hours} \times \text{Trainee's Hourly Wage}) \times (70\%) = \text{Reimbursement Total}$$

Sample reimbursement documentation can be found in Appendix E.

### 2. **Closeout and Review**

You will receive a final payment letter and check from the WDC approximately 30 days after submission of complete reimbursement documentation.



Missing or unclear documentation may cause reimbursements to be delayed or denied.

### 3. **Additional Awards**

Businesses may apply for additional OJT awards. However, acceptance will be at the discretion of the WDC and will be based on, among other things, the business' previous OJT Program performance and available training funds.

## **APPENDIX A**

### **SAMPLE ON-THE-JOB TRAINING PLAN**

(Business' Name) OJT Training Plan

(\*Required Fields)

\*Employer's Address:  
 \*Owner's Name:  
 \*Owner's Title:  
 \*Tax ID:  
 \*Years in Operation:  
 \*Contract Signatory:  
 \*Supervisor/Contact Person:  
 \*Phone:  
 \*Email:

\*Number of Trainees:  
 \*Trainee's Position Title:  
 Trainee's Name(s):  
 \*Trainee's Wage:  
 \*Health Insurance Benefits: (Yes/No)  
 \*Weekly Hours: (Minimum 30 hours)  
 \*Lunch: (Ex.30 minutes/60 minutes)  
 Start Date:  
 Training Start Date:

Timeline	Training Topics	Description	Hours	Type
Week One	Orientation	Introduction to company philosophy, operational procedures, and responsibilities for this position	35	OJT
	Introduction to Departments	Introduction to each department		
	Administrative Training	Administrative training on timesheets, internal database, and inventory		
	Tool Kit Training	Processes for inventory management, removing inventory, and to request additional equipment Receive a tool kit and learn how to use all the tools necessary for a field technician position		
Week Two	Job Shadowing	Using the toolkit, the trainee will shadow the current field technicians while they perform installations, preventative maintenance, and how to handle customers.	21	OJT
	Job Shadowing and Office Instruction	Understanding how chemical dilution works, how the chemicals need to counteract for the outcome of cleaning, which chemical needs to dispense from each machine.  Overview of chemical dilution company-wide on all machinery	14	OJT
Week Three	Chemical Composition Background and Machine Training	Begin training on ECA equipment (salt water electrolyzer machines) led by an experienced technician  Learn about the science behind the machines to fully comprehend the chemical compositions needed to produce the outcome.  Begin to understand applications for machines and conduct basic troubleshooting in-house for any problems with machinery/dispenser	35	OJT
Week Four	Troubleshooting of Machinery, programming machinery, and onsite shadow visits	Under the leadership of an experienced field technician the trainee will learn advanced troubleshooting on the ECA Machines.  Learn how to program different chemical formulas into the machinery  Shadow field technicians on site visits to understand how to program chemicals in the field with retail facility partners.  Shadow on service calls with current field technicians	35	OJT
<b>Total</b>			<b>140</b>	<b>OJT</b>

## APPENDIX B CUSTOMER INFORMATION FORM (CIF)

STAFF ONLY: [CENTER LOCATION] Staff Initials: \_\_\_\_\_ People ID: \_\_\_\_\_ JSRS CDS

Customer Information Form			<b>WORKFORCE 1</b>		
SECTION A: BASIC INFORMATION					
Last Name		First Name		Middle Name	
Social Security Number		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth ____ / ____ / ____ <small>Month Day Year</small>		
Primary Street Address (include any apartment or suite number)		<b>DO NOT FILL OUT - For Office Use Only: Verification of Birth Date</b> <input type="checkbox"/> IDNYC <input type="checkbox"/> NY State Driver's License or ID <input type="checkbox"/> Non NY State Drivers License or ID <input type="checkbox"/> Passport <input type="checkbox"/> Federal, State or Local Government ID Card <input type="checkbox"/> DD-214: U.S. Military Report of Transfer or Discharge <input type="checkbox"/> Public Assistance / Social Services Records <input type="checkbox"/> School Records / Identification Card <input type="checkbox"/> Work Permit <input type="checkbox"/> Tribal Record <input type="checkbox"/> UI Eitheutee <input type="checkbox"/> Baptismal Record <input type="checkbox"/> Hospital Record of Birth <input type="checkbox"/> Birth Certificate			
City	State	Zip Code			
E-mail			Phone # (____) _____ - _____		
How did you hear about us?					
SECTION B: PROFESSIONAL, DEMOGRAPHIC, & MILITARY INFORMATION					
<b>2. Education</b> 2A. What is the <u>highest</u> level of education that you have completed? <input type="checkbox"/> Less than High School (No Diploma Received) _____ Highest Grade Level Completed <input type="checkbox"/> High School Diploma <input type="checkbox"/> High School Equivalency Diploma (GED/TASC) <input type="checkbox"/> Some College/Vocational School (No Degree completed) _____ Years Completed <input type="checkbox"/> Vocational <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral  2B. Are you currently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what level? <input type="checkbox"/> High School/GED <input type="checkbox"/> College/Vocational/Professional Degree		<b>3. Demographic Information:</b> All demographic information in Sections 3 and 4 are intended for use solely in connection with recordkeeping and equal opportunity purposes. Your responses will be kept confidential and will not affect your ability to receive Workforce1 services.  3A. Public Assistance: Do you receive any of the following (check all that apply)? <input type="checkbox"/> TANF <input type="checkbox"/> Refugee Cash Assistance (RCA) <input type="checkbox"/> Cash Assistance <input type="checkbox"/> None  3B. Income: How many people are in your family or household (including you)? _____ What is your annual household income (excluding any benefits you may receive)? \$ _____  3C. Other: Do you qualify as any of the following (additional funding or services may be available)? <input type="checkbox"/> Person with a disability <input type="checkbox"/> Single Parent Household <input type="checkbox"/> Homeless <input type="checkbox"/> Limited English skills <input type="checkbox"/> Foster Child <input type="checkbox"/> None			
<b>5. Licenses and Certifications</b> (only check licenses and certifications that are currently valid, active and not if expired or suspended) <input type="checkbox"/> CDL-A <input type="checkbox"/> CDL-B <input type="checkbox"/> CDL-C <input type="checkbox"/> Driver's License (all other) <input type="checkbox"/> NYS Security Guard <input type="checkbox"/> HHA <input type="checkbox"/> Other: _____ <input type="checkbox"/> Food Handlers <input type="checkbox"/> OSHA-10 <input type="checkbox"/> OSHA-30 <input type="checkbox"/> Medical Assistant <input type="checkbox"/> CNA		<b>4. Other Demographic Information</b> 4A. Race and Ethnicity: You are not required to provide this information. Ethnicity: <input type="checkbox"/> Hispanic / Latino-Latina <input type="checkbox"/> Not Hispanic / Latino-Latina Race: <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American  4B. Country of Origin: You are not required to provide this information. <input type="checkbox"/> USA <input type="checkbox"/> Other: _____			
<b>6. Military Service</b> (Service defined as at least one day of active duty service and any discharge status other than dishonorable) Are you a Service Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No    Are you the spouse of a Service Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No  If you are a Service Veteran, please answer A through E: A. Dates of Active Service: <input type="checkbox"/> Currently Serving since ____ / ____ / ____ <input type="checkbox"/> Served From ____ / ____ / ____ to ____ / ____ / ____ <small>Month Year Month Day Year Month Day Year</small> B. Military Branch: <input type="checkbox"/> Army <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard <input type="checkbox"/> Air Force <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve Unit C. Military Rank: _____ D. Pay Grade: _____ E. Are you a Disabled Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>7. Selective Service</b> All males should respond to this section. Are you registered with Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No					

## APPENDIX B CUSTOMER INFORMATION FORM (CIF)

SECTION C: EMPLOYMENT STATUS			
<b>8A. Employment Status – What is your current employment status?</b> <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed <input type="checkbox"/> Employed, but received notice of termination / layoff (including military separation)			
<b>8B. Migrant Farm Worker – Are you a migrant / seasonal farm worker?</b> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
<b>8C. Employment Circumstances</b>			
1. Were you laid off or terminated or received notification of termination or lay off from your most recent employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes: Were you working for at least 6 months before you lost your job or received notice?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes: Do you think you are unlikely to find a job in the same industry or occupation?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Did you lose your job because the company or location closed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If No: Will you lose your job because of a closure in the next 180 days?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Did the last company you owned or operated go out of business?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes: Was it due to economic conditions or natural disaster?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Are you looking for a job because a family member or former family member is no longer supporting you?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes: Are you having difficulty obtaining or upgrading your job?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION D: WORK HISTORY			
<b>Current or Most Recent Position (If you answered yes to Questions 1, 2, or 3 in the section above, please list the associated position.)</b>			
Job Title / Occupation		Name of Company/Organization	
Address		City	State
			Zip Code
Job Start Date		Job End Date	
____ / ____ / ____		____ / ____ / ____	
Month      Day      Year		Month      Day      Year	
Wage / Salary		Hours Worked	
\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year		_____ per Week	
Reason for Leaving		Reason for Leaving	
<input type="checkbox"/> Current position <input type="checkbox"/> Seasonal		<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Laid-off	
		<input type="checkbox"/> Temporary <input type="checkbox"/> Other	
Telephone #		Job Duties	
( _____ ) _____ - _____			
SECTION E: VERIFICATION OF INFORMATION			
<p>I certify that the information I have provided to Workforce1 is accurate and complete to the best of my knowledge. I understand that this information is subject to verification, and that false or deliberately incomplete answers may result in my disqualification from NYC Workforce1 Career Center and/or One-Stop Center services.</p> <p>I also certify that I have received the Workforce Investment Act Notice of Rights and a Voter Registration form. I understand that registering to vote is voluntary and that I am not required to do so in order to obtain NYC Workforce1 Career Center and/or One-Stop Center services.</p> <p>Please check box below to indicate your authorization to release your information</p> <p><input type="checkbox"/> <b>Authorization to Release Information</b>            I am currently enrolled in an employment and training program at a Workforce1 Career Center and/or One-Stop Center funded by the City of New York and/or the federal government. I hereby authorize my employer to release to the New York City Department of Small Business Services, the New York State Department of Labor and the appropriate federal funding agencies, any documentation concerning the position for which I am hired. Such information/documentation may include, but is not limited to: job title, hourly/weekly wages, job start date, job end date, and number of hours worked.</p> <p>I understand that the information in this form may be shared with other governmental agencies and their vendors and partners in the Workforce system for purposes of program management/administration including, without limitation, the Human Resources Administration in tracking eligible participants of the Supplemental Nutrition Assistant Program Employment and Training (SNAP E&amp;T). I also understand that this authorization is voluntary and in no way affects the services or level of services I will receive.</p>			
Customer's Signature _____		Today's Date: _____ / _____ / _____	
		Month      Day      Year	
All information on this form will be used only in accordance with the law and will be kept confidential according to the law. NYC Workforce1 Career Centers and/or One-Stop Centers are Equal Opportunity Employers / Programs. Auxiliary aids and services are available upon request to individuals with disabilities.			

**APPENDIX C**  
**SAMPLE OJT SELF ATTESTATION FORM**

**On-the-Job Training Self Attestation Certification**

\_\_\_\_\_  
Name of Customer (Last, First, Middle)

\_\_\_\_\_  
Address (Number, Street, City, State, Zip Code)

\_\_\_\_\_  
County

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Documentation Shown (UI document, Layoff Notice, Other)

**Applicants' Long Term Unemployed Declaration:**

Please check the box, where applicable:

- I have not worked in the last 27 weeks and am ready, willing and able to be employed.
  
- I have lost employment as a result of Hurricane Sandy prior to June 30<sup>th</sup>, 2013, and am ready, willing and able to be employed.

I certify that the information I have supplied in completing this form is true to the best of my knowledge. I agree that the information I have supplied may be subject to verification.

\_\_\_\_\_  
Signature of Customer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of WIA Representative

\_\_\_\_\_  
Date



**APPENDIX E**  
**SAMPLE PAYROLL DOCUMENT**

<b>PERSONAL AND CHECK INFORMATION</b>			<b>EARNINGS</b>					
Larry Stevenson 856 Delwood Drive Rochester, NY 14625  Soc Sec #: xxx-xx-3456 Employee ID: 14 Home Department: 226D Accounting / 2200 Southwest / 2008 Region 5  Pay Period: 10/31/10 to 11/13/10 Check Date: 11/15/10 Check #: 106			<b>DESCRIPTION</b>	<b>HOURS</b>	<b>RATE</b>	<b>THIS PERIOD (\$)</b>	<b>YTD HOURS</b>	<b>YTD (\$)</b>
			Regular	96.00	15.5000	658.00	108.00	1674.00
			Overtime	4.00	23.2500	93.00	5.00	127.88
			Sick	40.00	15.5000	620.00	40.00	620.00
			Vacation	4.00	15.5000	62.00	12.00	186.00
			<b>EARNINGS</b>	<b>94.00</b>		<b>1332.00</b>	<b>165.00</b>	<b>2607.88</b>
			Exp Reimb Non T			20.00		82.00
			<b>REIMB &amp; OTHER PAYMENTS</b>			20.00		40.00
<b>NET PAY ALLOCATIONS</b>			<b>WITHHOLDINGS</b>					
<b>DESCRIPTION</b>	<b>THIS PERIOD (\$)</b>	<b>YTD (\$)</b>	<b>DESCRIPTION</b>	<b>FILING STATUS</b>	<b>THIS PERIOD (\$)</b>	<b>YTD (\$)</b>		
Check Amount	0.00	0.00	Social Security		82.65	161.00		
Chg 996	902.18	1767.02	Medicare		19.33	37.62		
Savg 1123	50.00	100.00	Fed Income Tax \$ 0		140.64	273.26		
<b>NET PAY</b>	<b>952.18</b>	<b>1867.02</b>	NY Income Tax \$ 0		50.56	97.06		
			NY Disability		1.20	2.40		
			<b>TOTAL</b>		<b>204.18</b>	<b>672.33</b>		
			<b>DEDUCTIONS</b>					
			<b>DESCRIPTION</b>	<b>THIS PERIOD (\$)</b>	<b>YTD (\$)</b>			
			401k EE Pretax	106.64	209.63			
			<b>TOTAL</b>	<b>106.64</b>	<b>209.63</b>			
<b>NET PAY</b>			<b>THIS PERIOD (\$)</b>		<b>YTD (\$)</b>			
			952.18		1867.02			



# IS TRAINING YOUR STAFF TOO COSTLY?

Get awards of up to \$400,000 to develop a customized training program and ensure your staff has the skills needed to grow your business.



IMPROVE PRODUCTIVITY | REDUCE TURNOVER | STAY COMPETITIVE



## THE CHALLENGE

---

Crepini, a manufacturer of crepes, had a solid NYC-based market, but wanted to expand by selling its product through national retailers. It could not do so without extending the shelf life of its products significantly and obtaining prestigious international quality certifications.

## THE RESULT

---



Crepini used an award of \$66,670 to train employees on food technology and safety, quality certifications, and marketing – allowing the company to expand sales nationally. Employees received an average wage increase of 42%.

**Customized Training** is a competitive program that provides funding to help businesses invest in their workforce. You pick the training, we cover up to 70% of the costs.

### «Apply»

Visit [nyc.gov/training](https://nyc.gov/training) to complete the first step online or email [training@sbs.gov](mailto:training@sbs.gov)

### «Get Approved»

Competitive applications will be considered on a bi-monthly basis

### «Start Training»

Once approved, businesses can start training

### «Receive Reimbursement»

Payments released on a quarterly basis

**To learn more visit [nyc.gov/training](https://nyc.gov/training) or email [training@sbs.nyc.gov](mailto:training@sbs.nyc.gov) to speak to a Customized Training expert.**