**Hire Date:**

**Purpose:** [Organization Name] is committed to the long-term development of its employees and has established an On-the-Job Training Program (OTJP) to ensure that new staff receive comprehensive, role-specific training. The OTJP begins after employees complete New Hire Orientation and focuses on site-specific duties and responsibilities at their assigned work location. Trainees collaborate with supervisors and colleagues in an interactive and structured training program designed to equip them for success within the organization.

**Section 1: Contact Information**

| EMPLOYER NAME: | SUPERVISOR: | TELEPHONE #: |
| --- | --- | --- |
| TRAINEE NAME: | SITE LOCATION: | TELEPHONE #: |
| BEGINNING DATE: Click or tap to enter a date. | END DATE: Click or tap to enter a date. | TOTAL TRAINING HOURS: |

**Section 2: General Description**

Click or tap here to enter text.

**Section 3: OTJ KSA Task Analysis**

| **Job Designation:** | | | | **Department:** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Component/Module:** | | | | **Total tasks:** | | | |
| **S/N** | **Main Tasks** | **Performance Level** | **Key Performance Indicators (KPI)** | | **Task  Standard** | **Knowledge, Skills, & Dispositions** | **OJT Hours** |
| **EX.** | **Describe the main objectives and performance activities of the task. Note these should be competency focused.** | **Performance is rated on a scale of 1-4. See criteria below for appropriate scoring.**   1. **Cannot perform this skill and requires considerable assistance and/or supervision.** 2. **Can perform this skill but requires some assistance and/or supervision.** 3. **Can perform this skill satisfactorily without assistance or supervision.** 4. **Can perform this skill without supervision and with initiative and adaptability to problem situations.**   **The rating in this section should be a 3 or 4 for all items. If a level 1 or 2 is achieved for any task, review and remediate the task with the employee.** | **Describe the key performance indicators in each task.**  **KPIs emphasize the important matters related to each task and highlights specific areas of compliance and task-specific concerns.**  **For example:**  **-best practices outside of agency P&P that are site specific.**  **-pointers that give you a competitive advantage.**  **-error-free quality of documents submitted.**  **-workplace safety concerns/standards.** | | **List the standards to which the tasks are to be performed.**  **These standards will be mirrored in applicable agency Policies and Procedures and other Local, State and Federal guidelines.** | **List the knowledge, skills and dispositions to be modeled/learned.**  **Refer to the Position Description and Performance Evaluation form (HR-10) to extract the necessary skills and knowledge areas.**  **Dispositions are the attitudes and mindsets that staff should embody and incorporate into their learning work performance in order to be successful.** | **Provide the estimated time needed for training each task.** |
| 1 |  |  |  | |  | **Knowledge:**    **Skills:**    **Disposition:** |  |
| 2 |  |  |  | |  | **Knowledge:**    **Skills:**    **Disposition:** |  |
| 3 |  |  |  | |  | **Knowledge:**    **Skills:**    **Disposition:** |  |
|  | (Insert lines below as needed) |  |  | |  |  |  |

**Section 4: Comments/Further Training Recommendations**

**Section 5: Acknowledgement of Training**

I understand that that my signature below denotes that I have received On the Job Training related to my job assignment and description and am aware of the procedures related to reaching out to my direct supervisor for further questions and clarifications on my responsibilities and duties. This OTJ program provides the basis for Core Function training related to my position and I understand that continuous improvement and further training opportunities and responsibilities will be presented throughout my length of employment with the agency to provide accurate, adequate, and relevant care to the populations I am serving.

| **Trainee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| --- | --- |
| **Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Program Director/HR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *if necessary* | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |