



# NORTHWEST PRIVATE INDUSTRY COUNCIL

## OJT JUSTIFICATION FORM

**Client Name:**

**Training Occupation:**

**List specific barriers to employment that prevent the client from obtaining and retaining employment:**

### Formula used to determine the length of training:

1. DOT Code \_\_\_\_\_
2. Maximum Weeks Allowed (+) \_\_\_\_\_
3. Related Education (-) \_\_\_\_\_
4. Related Work Experience (-) \_\_\_\_\_
5. Special Considerations (+) (Document) \_\_\_\_\_
6. Actual Weeks Negotiated \_\_\_\_\_

**Describe why, in your judgment, the training to be provided is not a duplication of skills already acquired, reasons for placing the client in this training and why this training is the best available option at this time for the client in the local labor market.**

I hereby certify the justification for training is true and correct, and that the client's past work history, academic skills, employment barriers and other factors necessary to obtain and secure employment have been fully considered in making the decision to enroll this client into on-the-job training.

\_\_\_\_\_  
**Case Manager Signature**

\_\_\_\_\_  
**Date**

**NWPIC 10-01-08**