



# COUNTY OF LOS ANGELES WORKFORCE DEVELOPMENT, AGING and COMMUNITY DEVELOPMENT



## Incumbent Worker Training (IWT) - Training Plan

### Section 1: Contact and IWT Information

*Complete the contact information for the employer and the participant. Include IWT details.*

Employer Name:	Contact Name:	E-mail:
Telephone:	Expected Start Date:	Expected End Date:
Participant Name:	E-mail:	Telephone:
Hourly Wage:	Reimbursement Rate: %	Maximum Reimbursement: \$

### Section 2: Training Plan / Skills Development

*Complete the occupational information that the position requires and will be trained on.*

Job Title:	Total IWT Training Hours:	Certifications Earned:
Job Description:		
<b>Required Job Skills:</b>		<b>Total Hours Trained</b>
Job Skill Needed: Training Description:		
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**Section 3: Signatures**

I hereby agree to all the terms and conditions associated with the IWT plan.

***Authorized Signatures***

\_\_\_\_\_  
Employer / Trainer Signature

\_\_\_\_\_  
AJCC Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name