

Mr. Bernicchi  
On the Job Training - OJT  
2016-2017  
[mike.bernicchi@yourcharlotteschools.net](mailto:mike.bernicchi@yourcharlotteschools.net)

## **OJT Classroom Portion**

### **Student Folders**

The Instructor will keep a folder for each student, which will include the following contents:

- \*Program Application
- \*State of Florida Training Agreement\*
- \*Worksite Training Plan
- \*Time Cards (to be turned in monthly)
- \*Quarter pay stub from place of employment
- \*Quarter Evaluations
- \*Signed Syllabus

### **OJT Guidelines**

- \*Students must be employed in an income producing job, and give the instructor a pay stub 2-4 times per semester.
- \*Employer must follow Child Labor Practices including all state and federal laws that apply to payroll and federal income tax. Paying “under the table” is not an acceptable practice.
- \*Students must have a job at the time of enrollment. If at any point the student loses employment, they have two weeks maximum to find new employment.  
Students must attend school in order to work. NO SCHOOL = NO WORK
- \*If a student is fired for criminal offenses (i.e. stealing) the student will be dropped from OJT.
- \*Time Cards are to be filled in accurately in blue or black ink, signed by a designated supervisor who will be identified beforehand (up to 3)

### **Hours Required (per semester)**

	<u>Weekly</u>	<u>Monthly</u>	<u>Credits Earned</u>
1 Period of OJT	6	24	1
2 Periods	12	48	2
3 Periods	18	72	3
4 Periods	24	96	4

**Grades**

Initial Paperwork filled out	25 pts
Time Card (due <b>1st Monday of every month</b> )	25 pts
End of Quarter Evaluations	50 pts

**\*\*\*Time cards that are turned in late will have points deducted (-2 pts for every day late)\*\*\***

**Academy Requirements**

I have read and understand the requirements of the OJT Program at The Academy.

Student Name	Signature	Date	Phone #
_____	_____	___/___/___	_____

Parent Name	Signature	Date	Phone #
_____	_____	___/___/___	_____

Supervisor Name	Signature	Date	Phone #
_____	_____	___/___/___	_____

Supervisor Name	Signature	Date	Phone #
_____	_____	___/___/___	_____

Supervisor Name	Signature	Date	Phone #
_____	_____	___/___/___	_____

Place of Employment	Address (Street/City)
_____	_____