**Enterprise Zone Retraining Program**
**On-the-Job Training Plan (Attachment 3)**

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|---|---|---|---|
| **Company:** | | **Qualified Trainer(s) Name:** | |
| **Course Title:** | | | |

| Employee Name | Employee Number | Hours | Beginning Date | Ending Date |
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**OJT Trainer/Coordinator** **Date**

**College Representative** **Date**