

## Training Plan

### Section 1: General Information

Please complete the following:				
TRAINEE NAME:		TRAINING OCCUPATION: Customer Service Representative		LAYOFF OCCUPATION (MUST BE DIFFERENT FROM TRNG):
O*NET CODE / O*NET TITLE: 43-4051.00 / Customer Service Representative		SVP CODE: 4<6		MAXIMUM TRAINING HOURS BASED ON SVP: 520-2080
HOURLY STARTING WAGE: \$	REIMBURSEMENT RATE @50%: \$	MAX REIMBURSABLE AMT: \$	TRAINEE'S SCHEDULED # HRS/WK:	TRAINING BEGIN/END DATE: From: To:
EMPLOYER CONTACT NAME:		EMPLOYER ADDRESS:		
EMPLOYER CONTACT TITLE:		EMPLOYER CONTACT PHONE:		EMPLOYER CONTACT EMAIL:
TRAINEE SUPERVISOR NAME:		TRAINEE SUPERVISOR TITLE:		ALTERNATE SUPERVISOR NAME:
RATIO OF TRAINEES TO SUPERVISOR:		PAY SCHEDULE: Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Other <input type="checkbox"/> Other Description:		BENEFITS AVAILABLE: Health <input type="checkbox"/> Dental <input type="checkbox"/> Life <input type="checkbox"/> Paid Leave <input type="checkbox"/> Other <input type="checkbox"/> Other Description:
TRADE ACT OJT REPRESENTATIVE NAME:		TRADE ACT OJT REPRESENTATIVE CONTACT PHONE:		TRADE ACT OJT REPRESENTATIVE CONTACT EMAIL:

### Section 2: Training Outline

List in the chart below the skills and learning objectives needed to become proficient in the trainee's position. Add more lines as necessary. *Note: Maximum Training Hours listed above are based upon the SVP guidelines as established by Trade OJT Policy. The Anticipated Training Hours are determined after careful analysis of the trainee's current skills and work history. As trainees become proficient in each skill, the supervisor should complete the date that the skill was determined to be mastered. Once all skills are mastered or training is completed, the end date should be entered below.*

SKILLS/LEARNING OBJECTIVES	A. ASSESSMENT OF SKILLS GAP (0-100%)	B. AVG. # TRAINING HOURS	C. ANTICIPATED TRAINING HOURS (AxB)	D. PROFICIENCY DATE (SKILLS ATTAINED)
1. Demonstrates ability to answer customers questions accurately via phone	%		HRS	
2. Resolves customer issues with account and requests supervisor assistance when appropriate.	%		HRS	
3. Verifies data in account and updates as necessary	%		HRS	
4. Demonstrates understanding of CarMax collections system	%		HRS	
5. Communicates effectively with customers regarding the status of their account	%		HRS	
6. Processes payments via inter-company computer systems	%		HRS	
7. Documents all customer interactions in inter-company computer systems	%		HRS	

8.Processes customer correspondence and return mail.	%		HRS	
9.Demonstrates thorough knowledge of company policies/procedures and collection policies/law.	%		HRS	
10. Interact with other departments/ personnel when necessary to resolve customer issues or answer questions.	%		HRS	
TOTAL TRAINING HRS PLANNED (NOT TO EXCEED MAXIMUM ABOVE):			HRS	END DATE:

### Section 3: Authorized Signatures

<b><i>By signing below, I agree to adhere to the Training Outline and my responsibilities thereof.</i></b>		
EMPLOYER REPRESENTATIVE SIGNATURE:	TITLE:	DATE:
SUPERVISOR SIGNATURE:	TITLE:	DATE:
TRADE OJT AGENCY REPRESENTATIVE SIGNATURE:	TITLE:	DATE:
TRAINEE SIGNATURE:		DATE:

### Section 4: Training Plan Modification, if applicable

*On-the-Job Training Plans may require changes for which a modification is necessary. Reasons for a modification include but are not limited to:*

- *To extend the end date of training due to illness or equipment failures at the place of business.*
- *To correct errors in the original training budget or the description of the job duties.*
- *Cancellation.*
- *To extend the end date and/or number of training hours in order to ensure satisfactory skill attainment.*

The Employer and the OJT Agency agree that this Training Plan shall be modified as stated:

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Except as hereby modified, all other terms and conditions of this Training Plan remain unchanged and in full force and effect. The effective date of this modification is \_\_\_\_\_.

The Employer and the Department mutually agree to abide by the terms and conditions stated and do hereby execute this modification in keeping with our respective authority.

***By signing below, I agree to adhere to the modifications set forth in Section 4***

Contract Number:

EMPLOYER SIGNATURE:	TITLE:	DATE:
SUPERVISOR SIGNATURE:	TITLE:	DATE:
TRADE OJT AGENCY REPRESENTATIVE SIGNATURE:	TITLE:	DATE:
TRAINEE SIGNATURE:		DATE:

SAMPLE