Manitoba

Employability Assistance for People with Disabilities

Training-on-the-Job (TOJ) Initial Request
(to be submitted with TOJ Agreement and Funding Request Form)

Name of Employee in Training:

Date of Birth:

SIN:

Employer:

Employer's Phone Number:

Business Address:

Work Location Address:

Start Date:

End Date:

Hours per day:							
Days of week:	S	M	T	W	T	F	S

Occupation or Job Title:

NOC#

Skills or tasks to be learned:

Outline how training will be carried out:

Who will be responsible for supervision or training:

Describe the nature and frequency of monitoring and evaluation by the Vocational Counsellor:

Employee Name	Employee Signature	Date
Employer Name	Employer Signature	Date
Vocational Counsellor Name	Vocational Counsellor Signature	Date

Print Save (to be completed in triplicate)