

Appendix II: Training Agreement

The purpose of this form is to demonstrate to the Minnesota Office of Higher Education (OHE) and Department of Labor and Industry (DLI) that a relationship and agreed upon training plan are in place between an employer/organization and related instruction provider. A partnership of this type must be in place and approved by DLI to meet the minimum eligibility requirements for dual training grant funds.

According to Minnesota Statute 136A.246, training may be provided by any institution/program having trainers qualified to instruct on the competency standard. Approved industries, occupations and competency documents can be found at <http://www.dli.mn.gov/Pipeline.asp>.

PIPELINE Project Industry and Occupation

Industry:

Occupation:

Employer Information

Company Name:

Street Address:

City, State, Zip

Primary Contact:

Phone:

Email Address:

Related Instruction Provider Information

Training
Institution/Program:

Street Address:

City, State, Zip

Program Contact:

Phone:

Email Address:

Billing Contact:

Phone:

Email Address:

PIPELINE Project Validated Occupational Competencies

Related Instruction Details

Related Instruction Training Outcome (Name of Degree, Certificate, Credential, or Diploma)

Type of Credit (if applicable)

- Undergraduate Credit
 Continuing Education Unit
 Graduate Credit
 Post Graduate Credit
 Other
-

Program/Course Title _____ Credits/Planned Hours _____

Start Date _____ End Date _____

Type of Instruction Classroom Online Other: _____

Number of Trainees _____
 PIPELINE
 Competencies Met _____

Program/Course Title _____ Credits/Planned Hours _____

Start Date _____ End Date _____

Type of Instruction Classroom Online Other: _____

Number of Trainees _____
 PIPELINE
 Competencies Met _____

Program/Course Title _____ Credits/Planned Hours _____

Start Date _____ End Date _____

Type of Instruction Classroom Online Other: _____

Number of Trainees _____
 PIPELINE
 Competencies Met _____

Program/Course Title _____ Credits/Planned Hours _____

Start Date _____ End Date _____

Type of Instruction Classroom Online Other: _____

Number of Trainees _____
 PIPELINE
 Competencies Met _____

PIPELINE Project Validated Occupational Competencies

On-The-Job (OJT) Training Details

OJT Description _____ Planned Hours _____
 Start Date _____ End Date _____
 Employer Contact _____
 Number of Trainees _____
 PIPELINE
 Competencies Met _____

OJT Description _____ Planned Hours _____
 Start Date _____ End Date _____
 Employer Contact _____
 Number of Trainees _____
 PIPELINE
 Competencies Met _____

OJT Description _____ Planned Hours _____
 Start Date _____ End Date _____
 Employer Contact _____
 Number of Trainees _____
 PIPELINE
 Competencies Met _____

OJT Description _____ Planned Hours _____
 Start Date _____ End Date _____
 Employer Contact _____
 Number of Trainees _____
 PIPELINE
 Competencies Met _____

Related Instruction Costs

Cost of Related Instruction Training per Student/Employee	Amount
Tuition/Course Cost (does not include development cost of any course)	\$
Student Fees (if applicable)	\$
Books and/or other required classroom materials	\$
Subtotal	\$
Employer Match	\$
Total Cost per Student/Employee after Employer Match	\$

Additional cost information:

Required Agreement

We as the employer and training provider agree, to the best of our ability, to provide appropriate work opportunities for the trainee(s) and encourage him/her to successfully complete the training program/course.

For the PIPELINE Project Dual Training Grant, _____ (*employer*) agrees to the following:

- Provide a mentor to assist trainee(s) through the dual training program.
- Work with the related instruction provider to ensure curriculum aligns with validated PIPELINE Project occupational technical competencies.

For the PIPELINE Project Dual Training Grant, _____ (*training provider*) agrees to the following:

- Provide related instruction for the identified occupation and PIPELINE Project competencies.

Signatures of Authorized Representatives

Employer Primary Contact

Training Institution/Program Contact

Date

Date