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# TRAINEE PLAN AND BUDGET

Company Name: \_\_\_\_\_

Employee Information				Training Information				
Employee Name	Training Provider	Course Name	Start & End Dates	Total Hours in Training	Current Hourly Wage	Total Training Wages	Tuition cost (books, testing, fees, other allowable expenses)	Total Paid Training Plus Allowable Training Expenses
						Total	Total	Grand Total
								\$

