

SOUTHWEST ALABAMA PARTNERSHIP FOR TRAINING AND EMPLOYMENT

ON-THE-JOB TRAINING AGREEMENT

095	House	County	Baldwin	Agreement No.	917030202
032	Senate	Fund	Adult		
003	County Code				
Name of Employer		City of Foley			
Address		407 E. Laurel Avenue Foley, AL 36535			
Telephone Number		251-943-1545 Kelly O'Donnell, Personnel Specialist (Name and Title of Contact Person)			
Federal ID # (FEIN)		63-6001263		Specific Type of Business	Municipal Government
Number of Employees:		419		Number of OJT Trainees to be Hired:	1
OJT Agreement Start Date		9/2/2022		Completion Date	3/2/2023
Enrollment Period		From: 9/2/2022		To: 11/30/2022	(not to exceed 90 days from start date)
Business Service Representative (BSR):		Kristi Mitchell			
BSR Office Location		Foley			
		Telephone # 251-943-1575			

OCCUPATIONAL AND COST OUTLINE									
Occupational Title(s) and O*NET Code(s) Column A	SVP Range B	# of Trainees C	Training Hrs Per Trainee D	Total Training Hours Cx=D=E	Hourly Unit Cost F	Total Cost Per Occupany. Ex=F=G	Trainee Wages		
							Start H	End I	
Construction Laborers	MT	1	720	720	\$7.47	\$6,378.40	\$14.93	\$14.93	
O*NET 47-2061.00									
EJT: Equipment Operator I									
TOTALS		1		720		\$5,378.40			

Hourly unit cost will be calculated at 50% reimbursement rates of the starting hourly wage rate.

TOTAL PAYMENT PERMITTED UNDER THIS AGREEMENT SHALL NOT EXCEED \$5,378.40

The attachments to this agreement, specifically including one training plan per occupational title listed above, are hereby expressly incorporated into and made a part of this agreement.

COLLECTIVE BARGAINING AGENT OCCURRENCE: Is the occupation in which employment and training is to be offered, covered under a collective bargaining agreement?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
If "yes", a signed letter from the labor organization representative stating the union name, the representative's title and concurring with the terms of the agreement must be attached.		

EMPLOYER

PRESIDENT, SWAPTE INC.

The undersigned, as the duly authorized representative of the employer with authority to commit the employer to this agreement, hereby agrees in good faith to this agreement and to the assurances and certifications found on the second page of this document.

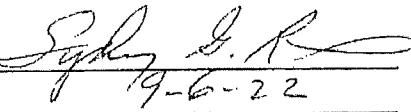
SIGNATURE



TYPED NAME

Kelly O'Donnell

SIGNATURE



DATE

9-6-22

TITLE

Personnel Specialist

DATE

11-6-22

Original - Region 7 Finance

Copy - Career Center

Copy - Employer

All Signatures Must Be Submitted In Blue Ink