

## SOUTHWEST ALABAMA PARTNERSHIP FOR TRAINING AND EMPLOYMENT

## ON-THE-JOB TRAINING AGREEMENT

095	House				
032	Senate				
003	County Code				
		County	Baldwin	Agreement No.	917030209
				Fund	Adult
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 Occup. Ex F=G	Trainee Wages Start H	End I
Construction Laborers	MT	1	720	720	\$7.47	\$5,378.40	\$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 \_\_\_\_\_ NO X


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

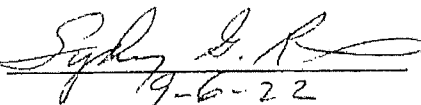
TITLE

Personnel Specialist

DATE

9-6-22

SIGNATURE



DATE

9-6-22

Original - Region 7 Finance

Copy - Career Center

Copy - Employer

All Signatures Must Be Submitted In Blue Ink