**OJT/SE CONTRACT MODIFICATION REQUEST**

|  |  |  |  |
| --- | --- | --- | --- |
| Trainee Name (Last, First):  |       | Staff:  |       |
| Contract #: |       | Trainee #: |       |
| Employer: |       |
| Between the (Service Provider)  |       |  and Employer)  |       |
| Is hereby executed  as of (Date) |       |  |  |

**Type of Modification**:

(Modification of contract terms, hours, reimbursement amount)

[ ]  Original contract terms:

[ ]  New contract terms:

[ ]  Original contract hours:       [ ]  New contract hours:

[ ]  Original reimbursement amount:       [ ]  New reimbursement amount:

[ ]  *OJT/SE and Trainee Information Form* (Attachment B of OJT/SE Contract)

[ ]  *Elements of Training/Monthly Evaluation* (Attachment C of OJT/SE Contract)

Other (explain):

**Reason for Modification**:

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 Service Provider Date Employer Signature Date

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 Title Title

Submit this form, along with updates to all parts of the original OJT/SE contract affected by the modification, to your SETA monitor for review/approval.

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| --- |
| **Monitor use only**: [ ]  Approved [ ]  Denied Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Reason for denial:

cc: SETA Workforce Development Quality Control Supervisor, Monitoring/Evaluation