**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**:

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Provider Date Employer Signature Date

\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

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

Reason for denial:

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