

WORK EXPERIENCE TRAINING SUMMARY

PARTICIPANT: _____

EMPLOYER: _____

SUPERVISOR(S): _____
(AUTHORIZED TO SIGN TIME SHEETS)

PHONE #: _____

OCCUPATION: _____

WAGE: \$ _____ HOURS PER WEEK: _____

WEX START DATE: _____

WEX END DATE: _____

List work elements, skills, duties and tasks for which the participant will receive training or perform during the hours listed above. Use additional pages if required.	Initial skills		Maximum Hours	Actual Training Hours
	Yes	No		
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
Total Training Hours				

INSTRUCTIONS: Complete each section of summary by providing appropriate information. For supervisor(s), please list all individuals that have authorization to sign the time sheets. Job duties should relate to the actual duties, work elements and skills the participant is doing. Use only those lines necessary to list the actual job duties; not all lines need to be used. Initial Skills are provided to assist provider in tracking job specific skills competency attainment. For each work element or job duty listed, determine maximum hours necessary to train the participant in that activity and record that data in the Maximum Hours column. Use the Actual Training Hours column to record the hours of training for each work element or job duty. Keep one copy of the training summary with the agreement. Give one copy to the supervisor and one to the participant. If more than one supervisor is identified, photocopies of the training summary may be made and distributed accordingly.