

## Employability Assistance for People with Disabilities

### Training-on-the-Job (TOJ) Extension Request

(to be submitted with TOJ Agreement and Funding Request Form)

Name of Employee in Training:  Employer:

Employer Address:  Employer's Phone Number:  Work Location Address:

Initial Training-on-the-Job	Extension 1	Extension 2
Start Date: <input style="width: 100px; height: 25px;" type="text"/>	Start Date: <input style="width: 100px; height: 25px;" type="text"/>	Start Date: <input style="width: 100px; height: 25px;" type="text"/>
End Date: <input style="width: 100px; height: 25px;" type="text"/>	End Date: <input style="width: 100px; height: 25px;" type="text"/>	End Date: <input style="width: 100px; height: 25px;" type="text"/>

Hours per day:

Days of week: 

S	M	T	W	T	F	S
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 Occupation or Job Title:

Describe the extent to which the skills or tasks of the current Training-on-the-Job Agreement have been learned:

Describe the tasks or duties requiring further training:

Outline any new skills or tasks to be learned during the requested period for extension:

Outline any changes in Supervision, Training, Monitoring or Evaluation:

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Employer Signature Date

\_\_\_\_\_  
Vocational Counsellor Signature Date

To be completed in triplicate