

## Massachusetts On-the-Job Training (OJT) OJT Contract Modification Request

**CONTACT & OJT INFORMATION**

Date Submitted:		
Primary Operator/Fiscal Agent:		Primary Operator Contact Person:
Career Center Name:		
Career Center Contact Person (SPoC):		Contact Person (SPoC) Phone:
Employer Name:		Employer ID:
Employer Phone #:		Employer Fax #:
OJT Training Address:		
OJT Contract #:	OJT Provider ID:	Course ID:
Trainee Name:	MOSES ID#:	

**MODIFICATION DETAILS**

Contract Item(s) to be Modified	Current Amount	Modified Amount
Start Date		
End Date		
Number of Training Hours		
Number of Training Weeks		
Hourly Rate	\$	\$
Contract Amount	\$	\$
Reason for Modification:		

**TO BE COMPLETED BY CAREER CENTER**

<b>Requested By:</b> _____			
Employer Signature	Print/Type Name	Date	
<b>Approved By:</b> _____			
Authorized Career Center Signatory	Print/Type Name	Date	

**TO BE COMPLETED BY PRIMARY OPERATOR**

<p>Modification Approved:   <input type="checkbox"/> YES   <input type="checkbox"/> NO (If "NO", state reason: _____)</p> <p>Primary Operator Signature: _____</p> <p>Type/Print Name: _____</p> <p>Date: _____</p>
--