



WIOA OJT Waiver Request

Please submit this waiver form and or any questions to WIOAPOD@dol.nj.gov.

Policy [WD-PY21-3](#) outlines how local areas can use WIOA Title I dollars to fund OJT opportunities. The maximum amount for each WIOA funded OJT per participant should not exceed \$10,000 over a six-month period in which eligible employers are typically reimbursed up to 50 percent of an OJT participant's wage during the OJT to offset the costs associated with providing training, the potential lower productivity of the OJT participant, and the additional supervision needed for the OJT participant.

For those OJT opportunities that are funded through temporary, grant or any other federal/state dollars, the costs per trainee can exceed the training cap established under WD-PY21-3 up to the maximum amount permitted by the relevant funding source.

Under limited circumstances, local areas may request a waiver to exceed the WIOA OJT funding cap; increase the employer reimbursement rate up to 75%; and or extend the period of reimbursement beyond six months.

In addition, OJTs that fall outside of the standard criteria with regards to employer and position eligibility, wages and minimal hours, and duration caps outlined in WD-PY21-3 must be reported to NJDOL's workforce unit.

Eligibility determination for WIOA Title I funds through Adult, Dislocated Worker, and/or Youth eligibility must be met and recorded in AOSOS prior to submitting a waiver request.



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I. ELIGIBILITY AND ASSESSMENT:

Has WIOA Title I eligibility and assessment been performed and recorded in AOSOS for this candidate? Yes No

II. OJT INFORMATION:

LWDB: _____

Employer Name: _____

Training Institution: _____

Occupational Training Job Title: _____

([ONET Title](#)): _____

Expected Salary: _____

Funding Amount: _____

Reimbursement Rate: _____

Reimbursement Period: _____

Participant AOSOS ID#: _____

Previous Occupation/Job Title: _____
(Please attach resume)

III. REGISTERED APPRENTICESHIP

Is this in support of a Registered Apprenticeship (RA)? Yes No

If yes, is the program sponsor listed on the [ETPL](#)? Yes No

RA Information:

Registered Apprenticeship Partners Information Database System (RAPIDS)
(If applicable)

RAPIDS Code: _____

Occupational Code: _____

Registration Date: _____



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IV. REQUIRED ATTACHMENTS:

(Include both)

- Participant Resume
- Training Plan

V. ADDITIONAL DETAILS

Please write any additional details about the training scope and plan that the OJT will support.



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FOR NJDOL USE ONLY

VI. Levels of Approval

Received by POD on _____

Reviewed by Business Services on _____

Verified RAPIDS registration on _____

Sent for Approval on _____

VII. Final Determination

Approved Denied

Reason for Approval or Denial

Signature _____ Date _____