



On-the-Job Training Grant Retention & Survey Form

Program Start: **September 1, 2025**
Program End Date: **December 31, 2026**
Population Served: **Adult, Business**
Agency: **Dept. of Labor**
Source Of Funding: **State**

Retention & Survey Form

This **Retention & Survey Form** is to be completed 6-months after the conclusion of the training program. These surveys aim to determine if the trainee(s) remain employed with the company and whether any promotions have occurred. Any data collected from these surveys serves to assess On-the-Job Training employee retention rates for grant reporting purposes. An on-site visit may be required.

Date: _____ Business: _____

Contact Name: _____ Training Completion Date: _____

Trainee Names

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Were any trainees promoted? ☐ Yes ☐ No

Comments & feedback on information provided: _____

Employer Rep Name: _____

Signed: _____ Date: _____