

Training Agreement

Place of Employment

Street Address

City

State

Zip Code

Description of Work to be Performed

Indicate Allowances, If Any, to be Deducted from Wages

Meals:

Lodging:

Payments in Kind:

Other:

List Benefits to be Provided by the Employer (sick leave, vacation, holidays, etc.)

Wage Rates to be Paid

Hourly:

Salary:

Overtime:

Bonus:

How Often are Wages Paid

Weekly:

Biweekly:

Monthly:

Other:

Approximate Period of Employment

From: _____

To: _____

List All Other Planned Payroll Deductions (social security, taxes, transportation, etc)

Employer Signature and Date

Employee Signature and Date