

# DE LA SALLE UNIVERSITY DASMARINAS

## On-the-Job Training Plan Business Operations Management Major

OJT Section Code:  
Training Plan Code:

### Contact and OJT Information

*Complete the contact information for the Employer and the Trainee.*

EMPLOYER NAME:	CONTACT PERSON:	TELEPHONE #:
TRAINEE NAME:	EMAIL:	TELEPHONE #:
BEGINNING DATE:	END DATE:	TOTAL TRAINING HOURS:

### Occupational Information

*Complete the occupational information for the Trainee's skill level.*

JOB TITLE: OJT GENERIC OM		HOURS/WEEK:
JOB DESCRIPTION: SKILLS AND KNOWLEDGE OF GENERAL BUSINESS OPERATION		
<b>REQUIRED JOB SKILLS FOR OCCUPATION:</b>	<b>STARTING CAPABILITY: DATE MEASURED</b>	
1. SOCIAL SKILLS - CAPACITY TO WORK WITH OTHERS IN WORK ENVIRONMENT	NOT SKILLED: <input type="checkbox"/> SOME SKILL: <input type="checkbox"/> SKILLED: <input type="checkbox"/>	
2. PLANNING CAPACITY – WORK SCHEDULING. RESOURCE ALLOCATION	NOT SKILLED: <input type="checkbox"/> SOME SKILL: <input type="checkbox"/> SKILLED: <input type="checkbox"/>	
3. QUALITY AND CONTROL KNOWLEDGE	NOT SKILLED: <input type="checkbox"/> SOME SKILL: <input type="checkbox"/> SKILLED: <input type="checkbox"/>	
4. PROJECT HANDLING	NOT SKILLED: <input type="checkbox"/> SOME SKILL: <input type="checkbox"/> SKILLED: <input type="checkbox"/>	
5. TECHNICAL KNOWLEDGE OF FACILITY PLANNING AND MANAGEMENT	NOT SKILLED: <input type="checkbox"/> SOME SKILL: <input type="checkbox"/> SKILLED: <input type="checkbox"/>	

## Training Information

Complete the training outline and estimated time for each skill.

SKILLS TO BE LEARNED:	ESTIMATED TRAINING HOURS:	END CAPABILITY DATE MEASURED
1. PLANNING FOR A.) WORKFORCE REQUIREMENT B.) RESOURCE ALLOCATION	ESTIMATED TRAINING HOURS	BEGINNING: <input type="checkbox"/> INTERMEDIATE: <input type="checkbox"/> SKILLED: <input type="checkbox"/>
2. SOCIAL SKILLS A.) WORKING IN A WORK ENVIRONMENT B.) CLIENT HANDLING (BOTH INTERNAL AND EXTERNAL)	ESTIMATED TRAINING HOURS	BEGINNING: <input type="checkbox"/> INTERMEDIATE: <input type="checkbox"/> SKILLED: <input type="checkbox"/>
3. HANDLING QUALITY AND CONTROLING PROCESS FOR QUALITY	ESTIMATED TRAINING HOURS	BEGINNING: <input type="checkbox"/> INTERMEDIATE: <input type="checkbox"/> SKILLED: <input type="checkbox"/>
4. CAPACITY TO HANDLE PROJECTS	ESTIMATED TRAINING HOURS	BEGINNING: <input type="checkbox"/> INTERMEDIATE: <input type="checkbox"/> SKILLED: <input type="checkbox"/>
5. PLANNING AND MANAGEMENT OF FACILTIES	ESTIMATED TRAINING HOURS	BEGINNING: <input type="checkbox"/> INTERMEDIATE: <input type="checkbox"/> SKILLED: <input type="checkbox"/>

## Signatures

All parties agree to provide or obtain training for the skills outlined in this Training Plan.

### ***Authorized Signatures***

DATE:

TRAINEE SIGNATURE:

TYPE/PRINT NAME:

DATE:

OJT PROVIDER SIGNATURE:

TYPE/PRINT NAME:

TITLE: