

State of New Jersey

Department of Military and Veterans Affairs

Post Office Box 340

Trenton, NJ 08625-0340

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| --- | --- | --- | --- | --- |
| Philip D. Murphy  *Governor*  *Commander-in-Chief* |  | Sheila Oliver *Lieutenant Governor* |  | Lisa J. Hou, D.O.  *Brigadier General*  *The Adjutant General* |

**WAGE SCHEDULE FOR APPRENTICESHIP/ON-THE-JOB TRAINING**

Institution Name:

Institution Address:

Facility Code (enter N/A if new application):

Training Outline Year:

Institution Type:  Public  Private

**Wage Schedule Requirements – 29 CFR § 29.5(b)(5), 38 CFR § 21.4261(a), 38 CFR § 21.4262(b)(6)**

A progressively increasing wage scale schedule must be established for each apprenticeship and on-the-job training program. The employer’s starting wages to an eligible veteran beginning training on-the-job shall not be less than the wages paid to non-veteran trainees in the same training position. The entry wage paid the veteran must be at least 50% of the wage paid to a trained worker in the job. Wages must be increased on a regular schedule until the veteran is receiving 85% of the wages for the job, for which they are being trained, by at least the last full month of training. There must be at least one wage increase during the training program.

Job Title (Position for which training will be provided):

Length of Program (Indicate hours / months):     Hours in Standard Work Week:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1st Period: | $ | per hour/week/month for |  | months/hours |
| 2nd Period: | $ | per hour/week/month for |  | months/hours |
| 3rd Period: | $ | per hour/week/month for |  | months/hours |
| 4th Period: | $ | per hour/week/month for |  | months/hours |
| 5th Period: | $ | per hour/week/month for |  | months/hours |
| 6th Period: | $ | per hour/week/month for |  | months/hours |
| 7th Period: | $ | per hour/week/month for |  | months/hours |
| 8th Period: | $ | per hour/week/month for |  | months/hours |
| 9th Period: | $ | per hour/week/month for |  | months/hours |
| 10th Period: | $ | per hour/week/month for |  | months/hours |
| Present Journeyworker/Qualified Worker Wage Rate: $  per hour/week/month. | | | | | |

**By signing below, I certify that the provided wage scale for the identified program is current and accurate.**

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Signature of Authorized School Official Title Date