

## On-The-Job Training Program Employer Monthly Invoice

This form must be completed by the OJT Employer and mailed monthly during the OJT contract period directly to:

WIA Contractor: \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

**Employer Contact Representative:** \_\_\_\_\_

**Employer Billing Address:** \_\_\_\_\_

**OJT Trainee Name:** \_\_\_\_\_ **I.D. #** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Hourly Wage:** \_\_\_\_\_

Pay Period Start Date	Pay Period End Date	Pay Date	Number of Hours Worked Each Day							Gross Pay	OJT Amount to be Reimbursed
			Mon	Tue	Wed	Thu	Fri	Sat	Sun		
		<b>Total</b>									

\_\_\_\_\_  
 Employee Signature  
 OJT Training Program  
 Employer Monthly Invoice  
 February 2008

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Supervisor Signature

\_\_\_\_\_  
 Date

**PROGRESS REPORT OF SKILLS ACHIEVED DURING THIS MONTHLY REPORT**

<b>Work Readiness Skills</b>	<b>Progress</b>	<b>Comments</b>
<b>Resource Management</b>	<input type="radio"/> <b>Satisfactory</b> <input type="radio"/> <b>Unsatisfactory</b>	
<b>Interpersonal Skills</b>	<input type="radio"/> <b>Satisfactory</b> <input type="radio"/> <b>Unsatisfactory</b>	
<b>Information Management</b>	<input type="radio"/> <b>Satisfactory</b> <input type="radio"/> <b>Unsatisfactory</b>	
<b>Thinking Skills</b>	<input type="radio"/> <b>Satisfactory</b> <input type="radio"/> <b>Unsatisfactory</b>	
<b>Occupational Skills</b>	<b>Progress</b>	<b>Comments</b>
	<input type="radio"/> <b>Satisfactory</b> <input type="radio"/> <b>Unsatisfactory</b>	
	<input type="radio"/> <b>Satisfactory</b> <input type="radio"/> <b>Unsatisfactory</b>	
	<input type="radio"/> <b>Satisfactory</b> <input type="radio"/> <b>Unsatisfactory</b>	