



ON-THE-JOB TRAINING MONITORING REPORT

JOB CENTER REPRESENTATIVE FILING REPORT		EMPLOYER NAME AND REPRESENTATIVE		DATE OF VISIT
NAME OF PARTICIPANT		PARTICIPANT'S APPID	PARTICIPANT'S SOCIAL SECURITY NUMBER (LAST 4 DIGITS)	

I. GENERAL INFORMATION

OJT CONTRACT NUMBER

Number of participants who have completed training, to date, under this agreement: _____

Number of participants terminated, to date, under this agreement: _____

II. REPORTS AND RECORDS *(Explain "No" answers in Comments, Section VI, below.)*

- | | | | |
|--|-----|----|--------------------------|
| A. "Start date" in employer's records occur on or after case-management system enrollments? | Yes | No | <input type="checkbox"/> |
| B. Has the <i>Monthly Progress Report/Invoice</i> (DWD-PO-220) been submitted every 30 days? | Yes | No | <input type="checkbox"/> |
| C. Are adequate financial records being kept to support claims for reimbursement for items in the agreement budget? | Yes | No | <input type="checkbox"/> |
| D. Do the reimbursements and days of training claimed on the <i>Monthly Progress Report/Invoice</i> agree with attendance and payroll records? | Yes | No | <input type="checkbox"/> |

III. TRAINING SERVICES *(Explain "No" answers in Comments, Section VI, below.)*

- | | | | |
|--|-----|----|--------------------------|
| A. Is the training outline being followed? | Yes | No | <input type="checkbox"/> |
| B. Is the participant being paid at the wage specified in the agreement? | Yes | No | <input type="checkbox"/> |

IV. PROGRAM OPERATIONS *(Explain "No" answers in Comments, Section VI, below.)*

- | | | | |
|---|-----|----|--------------------------|
| A. Is the Employer aware of and complying with Title VI EEOC Compliance requirements? | Yes | No | <input type="checkbox"/> |
| B. Is an Equal Employment Opportunity poster visible in the workplace? | Yes | No | <input type="checkbox"/> |
| C. Are the training facilities adequate? | Yes | No | <input type="checkbox"/> |
| D. Is training equipment adequate and available to participants? | Yes | No | <input type="checkbox"/> |
| E. Are the instructors adequate? | Yes | No | <input type="checkbox"/> |
| F. Are there any participant grievances? | Yes | No | <input type="checkbox"/> |

V. EVALUATION OF PROGRAM *(Explain evaluations in Comments, Section VI, below.)*

- A. Rate this program on the basis of your observations: Excellent Good Fair Poor
- B. Recommended action to to be taken on deficiencies: Modification Termination No Action Required

VI. COMMENTS FOR SECTIONS II, III, IV, & V

VII. EMPLOYER FILE DOCUMENTATION

LOCATION OF RECORDS

RECORDS EXAMINED	DISCREPANCIES NOTED	ACTION TAKEN	COPY OBTAINED
<input type="checkbox"/> Do payroll records indicate participant was working prior to beginning date of training agreement?			
<input type="checkbox"/> Time Sheet <input type="checkbox"/> Time Card <input type="checkbox"/> Other:			
<input type="checkbox"/> Payroll Journal <input type="checkbox"/> Pay Record <input type="checkbox"/> Check Stub <input type="checkbox"/> Other:			
<input type="checkbox"/> Cancelled Checks <input type="checkbox"/> Other:			

COMMENTS ON DOCUMENTATION

X _____ SIGNATURE OF MONITOR	DATE
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If applicable, attach an updated copy of *On-the-Job Training Outline and Job Description (DWD-PO-214)* for this participant.