



ON-THE-JOB TRAINING MONITORING REPORT (EMPLOYER)

JOB CENTER REPRESENTATIVE FILING REPORT	EMPLOYER NAME AND REPRESENTATIVE	DATE OF VISIT
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NAME OF PARTICIPANT	PARTICIPANT'S STATE ID	PARTICIPANT'S SOCIAL SECURITY NUMBER (LAST 4 DIGITS)
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I. GENERAL INFORMATION

OJT CONTRACT NUMBER	<input style="width:90%;" type="text"/>	Number of participants who have completed training, to date, under this agreement: _____ Number of participants terminated, to date, under this agreement: _____
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II. REPORTS AND RECORDS (Explain "No" answers in COMMENTS ON DOCUMENTATION, Section VI, page 2.)

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 ON DOCUMENTATION, Section VI, page 2.)

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 ON DOCUMENTATION, Section VI, page 2.)

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:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
B. Recommended action to to be taken on deficiencies:	<input type="checkbox"/> Modification	<input type="checkbox"/> Termination	<input type="checkbox"/> No Action Required	

VI. 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 the 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:			

Missouri Division of Workforce Development is an equal opportunity employer/program.
Auxiliary aids and services are available upon request to individuals with disabilities.
Missouri Relay Services at 7-1-1.

VI. EMPLOYER FILE DOCUMENTATION (continued)

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.