



**ON-THE-JOB TRAINING
MONTHLY PROGRESS REPORT/INVOICE**

COMPLETE MONTHLY PROGRESS REPORT FOR EACH PARTICIPANT OR ATTACH COMPANY PAYROLL RECORD

NDWG	TRADE	OTHER: _____
ADULT	YOUTH	DISLOCATED WORKER

Make Check Payable to:	
EMPLOYERNAME	TRAINING CONTRACT NUMBER
ADDRESS	PARTICIPANT'S NAME
	PARTICIPANT'S APPID OR LAST 4 DIGITS OF SSN

CONTRACT PERIOD (Month, Day, Year)	INVOICE PERIOD (Month, Day, Year)
FROM: _____ TO: _____	FROM: _____ TO: _____

(Indicate Calendar Day and Number of Hours Worked for Each Calendar Day)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

PRIOR CUMULATIVE HOURS WORKED	TOTAL HOURS WORKED THIS PERIOD	NEW TOTAL CUMULATIVE HOURS WORKED
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ATTESTATIONS

Employer
I certify onsite training has been provided per the contract and that wages/hours in this statement are correct to the best of my knowledge. Repayment for these training services has not been received from any other source. Time/Attendance and Payroll Records are available to verify the totals above. Amounts in this invoice constitute authorized payments per the Training Agreement. The Invoice marked "final report" constitutes authority to terminate his slot and to deobligate unused funds. I further certify this participant has not been employed previously by this firm, unless specifically identified as an upgrading training situation. I certify that the OJT participant is making satisfactory progress with attainment of the skills outlined on the OJT Training Plan.

X _____
Signature of Employer or Authorized Representative Title Date

Participant
I certify that I have reviewed this request and verify that I have worked the hours reported and have been paid at the rate indicated.

X _____
Signature of Participant Date

Agency
Agency Certification: The rate of pay and number of hours worked have been reviewed. Payment is approved subject to verification.

X _____
Signature of Job Center Representative Title Date

FOR OFFICIAL USE ONLY

Hourly Rate	Rate (%) of Reimbursement	=	Hourly Rate of Reimbursement	X	Reimbursable Hours	=	Amount Due Employer	Final Report	If Final Report Total Amount Paid This Slot*
\$							\$		\$
\$							\$		\$
\$							\$		\$