



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

| | | |
|-------|-------|-------------------|
| NDWG | TRADE | OTHER: _____ |
| ADULT | YOUTH | DISLOCATED WORKER |

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

| | | | |
|------------------------------------|-----|---|-----|
| Make Check Payable to: | | TRAINING CONTRACT NUMBER | |
| EMPLOYER NAME | | PARTICIPANT'S NAME | |
| ADDRESS | | 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 |
|-------------------------------|--------------------------------|-----------------------------------|

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* |
|-------------|---------------------------|---|------------------------------|---|--------------------|---|---------------------|--------------|--|
| \$ | | | | | | | \$ | | \$ |
| \$ | | | | | | | \$ | | \$ |
| \$ | | | | | | | \$ | | \$ |

For additional information about Missouri Division of Workforce Development services, contact a Missouri Job Center near you. Locations and additional information are available at jobs.mo.gov or (888) 728-JOBS (5627). • 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 711. DWD-PO-220 (02-2017)