



Missouri Division of Workforce Development

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 	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 <i>(Explain "NO" answers in COMMENTS NO DOCUMENTATION, Section VI, page 2.)</i>	
A. "Start date" in employer's records occur on or after case-management system enrollments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Has the <i>Monthly Progress Report/Invoice</i> (DWD-PO-220) been submitted every 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Are adequate financial records being kept to support claims for reimbursement for items in the agreement budget?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Do the reimbursements and days of training claimed on the <i>Monthly Progress Report/Invoice</i> agree with attendance and payroll records?	<input type="checkbox"/> Yes <input type="checkbox"/> No

III. TRAINING SERVICES <i>(Explain "NO" answers in COMMENTS NO DOCUMENTATION, Section VI, page 2.)</i>	
A. Is the training outline being followed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Is the participant being paid at the wage specified in the agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No

IV. PROGRAM OPERATIONS <i>(Explain "NO" answers in COMMENTS NO DOCUMENTATION, Section VI, page 2.)</i>	
A. Is the Employer aware of and complying with Title VI EEOC Compliance requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Is an Equal Employment Opportunity poster visible in the workplace?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Are the training facilities adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Is training equipment adequate and available to participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Are the instructors adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Are there any participant grievances?	<input type="checkbox"/> Yes <input type="checkbox"/> No

V. EVALUATION OF PROGRAM <i>(Explain "NO" answers in COMMENTS NO DOCUMENTATION, Section VI, below.)</i>	
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:			

VI. EMPLOYER FILE DOCUMENTATION (continued)

COMMENTS ON DOCUMENTATION

X

SIGNATURE OF MONITOR

DATE

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