

On-the-Job Training Invoice
90 day post-probation training period

Employer Name:

Employer Address:

Trainee Name:

Training Period Begin Date:

End Date:

Retention Period Begin Date:

End Date:

Training Invoice Date:

(Please submit invoice within 30 days of the Retention Period End-Date)

Training Period Gross Wages:

(Gross Wages are the wages paid to Trainee for work performed during Training Period)

Retention Invoice Date:

Retention Period Gross Wages:

(Gross Wages are the wages paid to Trainee for work performed during Retention Period)

Note: If End-Date of Retention Period falls in the middle of a Pay Period, go to end of Pay Period for Gross Wages

Retention Payment Requested:

50% of gross wages or 75% of gross wages

[Total OJT reimbursements for Training & Retention invoices may not exceed \$6,000 or the amount obligated on the Training Plan.]

I certify that the above named Trainee is still employed with Employer and is expected to work at least thirty (30) hours each week; OR

I certify that the above named Trainee is still employed with another employer or is no longer employed with the Employer.

Separation Date:

New Employer:

I have attached a detailed listing/check stub/payroll register of wages paid trainee that details regular wages, overtime pay, holiday pay, shift differential, etc.

Employer Signature

Date

FOR OFFICE USE ONLY

CCJFS Staff

Date

Print Name

Title