OJT Agreement No:
Training Plan No:

On-the-Job Training Invoice
Probationary Training Period

Employer Name:

Employer Address:

Trainee Name:

Training Period Begin Date: End Date:

Training Invoice Date: (Please submit invoice within 30 days of the Training Period End-Date)

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

Training Payment Requested: ☐ 50% of gross wages or ☐ 75% of gross wages

Note: If Training Period End-Date falls in the middle of Pay Period, go to end of Pay Period for gross wages

☐ I certify the above-name Trainee has satisfactorily completed training as outlined in training plan.

☐ I certify that the above-named Trainee has completed Training, is still employed, is expected to work at least thirty (30) hours each week, and has been paid wages owed.

☐ 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

Gross Wages and training plan completion have been documented by (check all that apply):

____ Completed Training Plan ____ Paycheck Stubs

____ Time Sheets ____ Payroll Records

____ Other (list)_____

_____ _____
CCJFS Staff Date

_____ _____
Print Name Title

Crawford County Job & Family Services, OhioMeansJobs – Crawford County, 225 E. Mary Street, Bucyrus, Ohio 44820
419-562-8066 Fax: 419-562-7970