

On the Job Training

MONTHLY INVOICE and PERFORMANCE REVIEW

Employer: _____ **Invoice Month:** _____

Name of Employee: _____

EMPLOYEE'S MONTHLY PERFORMANCE REVIEW

E = Excellent		S = Satisfactory		U = Unsatisfactory	
Attendance/Punctuality _____	Attitude _____	Dependability _____	Progress _____	Overall _____	

If the employee worked less than _____ hours, Please explain why:

**** PLEASE PROVIDE COPIES OF EMPLOYEE'S PAY STUBS WITH THIS INVOICE ****

I certify that the ATTACHED employee's **Payroll Receipt/Pay Stubs** are correct and obtained directly from the employer's payroll records/documents.

Employer's Signature: _____	Date: _____
Employee's Signature: _____	Date: _____

PAYMENT RECORD

Work Services use only

Please list pay period, pay date, and amount of each check and gross pay for calendar month.

Pay dates	Holiday	Excused Days	Un-Excused	Gross Paid
TOTAL GROSS paid to employee:				
TOTAL GROSS PAY _____ X 50 % =				Reimbursement \$

Invoice Payment			(Certification)
Total Reimbursement Authorized:	Provider Vendor Number (PVN):	Notes:	Payment amount: \$
			Date:
			Initials:

Work Services Representative Signature: _____ **Date:** _____