



Division of Public Assistance

**JOB START
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
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If the employee has worked less than the number of hours established for the Job Start contract, please explain why:

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

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, amount of each check, and gross pay.

Pay Period	Pay Date	Gross Pay	Net Pay

Total	
Total Net Earned	

Invoice Payment

Total Reimbursement Authorized:	Provider Vendor Number (PVN):	Notes:
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Certification

Payment amount:
\$

Date Certified:

Initials: