



## Division of Public Assistance EMPLOYER-BASED TRAINING (OJT) MONTHLY INVOICE and PERFORMANCE REVIEW

**Employer:** \_\_\_\_\_ **Invoice Month:** \_\_\_\_\_

**Name of Employee:** \_\_\_\_\_

### EMPLOYEE'S MONTHLY PERFORMANCE REVIEW by Employer

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.

<b>Employer's Signature:</b>	Date:
<b>Employee/Trainee's Signature:</b>	Date:

### PAYMENT RECORD

#### CASE MANAGER or DOL REP 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:**

\*\*LESS OVERTIME

TOTAL GROSS PAY \_\_\_\_\_ X \_\_\_\_\_ % = Reimbursement \$

#### (Certification)

Payment amount:

Date:

Initials:

#### Invoice Payment (For Case Manager Review/Use Only)

Total Reimbursement Authorized:	Employee ID #:	Provider Vendor Number:	Notes:
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**Case Manager or DOL REP Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_