



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.			
Employer's Signature:			Date:
Employee/Trainee's Signature:			Date:
PAYMENT RECORD			
<u>CASE MANAGER or DOL REP use only</u>			
Please list pay period, pay date, and amount of each check and gross pay for calendar month.			
Pay dates:	Holiday	Excused Days	Gross Paid
TOTAL GROSS paid to employee:			
**LESS OVERTIME			
TOTAL GROSS PAY _____ X _____ % =			Reimbursement \$
Invoice Payment (For Case Manager Review/Use Only)			(Certification)
Total Reimbursement Authorized:	Employee ID #:	Provider Vendor Number:	Notes:
			Payment amount:
			Date:
			Initials:
Case Manager or DOL REP Signature: _____			Date: _____