



DIVISION OF PUBLIC ASSISTANCE EMPLOYER-BASED TRAINING (OJT) MONTHLY INVOICE AND PERFORMANCE REVIEW BY EMPLOYER

EMPLOYER: _____ INVOICE MONTH: _____

NAME OF EMPLOYEE: _____

(E) EXCELLENT		(S) SATISFACTORY		(U) UNSATISFACTORY	
Attendance/Punctuality	Attitude	Dependability	Progress	Overall	
_____	_____	_____	_____	_____	

IF THE EMPLOYEE WORKED LESS THAN _____ HOURS PLEASE ATTACH AN EXPLANATION:

PLEASE PROVIDE COPIES OF THE 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 record's/documents.

EMPLOYER'S SIGNATURE: _____ DATE: _____

EMPLOYEE'S SIGNATURE: _____ DATE: _____

PAYMENT RECORD CASE MANAGER/DOL REP USE ONLY

LIST PAY PERIOD/DATE AND GROSS AMOUNT OF EACH CHECK FOR THE CALENDAR MONTH.

PAY DATE	HOLIDAY	EXCUSED	UN-EXCUSED	GROSS PAY
				\$.
				\$.
				\$.
				\$.

TOTAL GROSS PAID TO EMPLOYEE \$.

****LESS OVERTIME**** \$.

TOTAL GROSS PAY \$ _____ (X) 50% = \$.

TOTAL EMPLOYER REIMBURSEMENT \$.

Total Authorized:	Client ID:	Provider ID:	Notes:	<u>CERTIFICATION:</u>
				\$ _____

Date: _____

Case Manager Signature: _____

Name: _____

INVOICE PAYMENT CERTIFICATION WILL BE COMPLETED BY THE WORK SERVICES FINANCE OFFICE HSSDPAWSSupportServicesPayments@Alaska.gov