



WEST PIEDMONT REGION

West Piedmont Workforce Investment Board WIOA Operator On-the-Job Training (OJT) TRAINEE EVALUATION & INVOICE FORM

Section 1: General Information:

EMPLOYER NAME:	CONTACT PERSON:	TELEPHONE#:
EMPLOYER ADDRESS:		ALTERNATE TELEPHONE:

Section 2: Trainee Information

TRAINEE NAME:	EMAIL:	TELEPHONE #:
JOB TITLE:	HOURS PER WEEK:	WEEKS:
OJT BEGINNING DATE:	OJT END DATE:	TOTAL TRAINING HOURS:
HOURLY WAGE RATE:	REIMBURSEMENT RATE (Not to exceed \$12.20/hour:	MAXIMUM REIMBURSEMENT

COMPLETE IF RAISES ARE AWARDED DURING TRAINING

REVISED HOURLY WAGE RATE:\$	TRAINING HOURS/ REVISED RATE:	REVISED MAXIMUM REIMBURSEMENT:\$
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Section 3: Reimbursable Hours Worked

Complete the calendar with the trainee's reimburse hours worked for the invoice time period. Fill in the date and reimbursable hours worked for each applicable day for the invoice time period. Information recorded here should only include reimbursable hours. Reimbursement for the extraordinary costs of training will be based on a % of the standard wage as outlined in the OJT contract.

Note: As outlined in the OJT contract, holidays, sick time, vacations, overtime, weekend pay, etc. will not be reimbursed. Use this calendar to only record reimbursable hours for the invoice period.

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
Date	Hours	Date	Hours	Date	Hours	Date	Hours	Date	Hours	Date	Hours	Date	Hours
TOTAL HOURS TO BE REIMBURSED: _____ TOTAL AMOUNT TO BE REIMBURSED: _____													
PAY PERIOD		FROM:						TO:					

Section 4: Authorized Signatures

I hereby certify that the information is, to the best of my knowledge, true and correct.

TRAINEE SIGNATURE AND INFORMATION	EMPLOYER SIGNATURE AND INFORMATION
TRAINEE (PRINT NAME):	EMPLOYER NAME/TITLE (PRINT):
TRAINEE SIGNATURE:	EMPLOYER SIGNATURE:
DATE:	DATE:

For Official Use Only								
EMPLOYER REIMBURSEMENT AMOUNT								
HOURLY RATE	x	RATE OF REIMBURSEMENT	=	HOURLY RATE OF REIMBURSEMENT	x	REIMBURSEMENT HOURS	=	AMOUNT DUE EMPLOYER:
CUMULATIVE EMPLOYER PAYMENT								
CUMULATIVE OJT HOURS WORKED	CUMULATIVE REIMBURSEMENT PAID TO EMPLOYER		MAXIMUM AMOUNT		POTENTIAL BALANCE REMAINING			

WIOA/OJT PROVIDER SIGNATURE AND INFORMATION
WIOA/OJT REPRESENTATIVE (PRINT NAME):
WIOA/OJT REPRESENTATIVE SIGNATURE:
DATE:


WEST PIEDMONT WORKFORCE INVESTMENT Board (WPWIB)
Provider Services, WIOA/OJT OPERATOR On-the-Job Training (OJT) Contract: Trainee Evaluation

TRAINEE NAME:	SUPERVISOR NAME:	COMPANY NAME:
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Evaluation

SKILLS/LEARNING OBJECTIVES	MIDPOINT EVALUATION OF SKILLS	MIDPOINT EVALUATION DATE	FINAL EVALUATION OF SKILLS	FINAL EVALUATION DATE
	Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>		Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>	
	Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>		Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>	
	Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>		Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>	
	Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>		Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>	
	Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>		Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>	
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	Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>		Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>	
	Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>		Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>	

Section 2: Authorized Signatures
Midpoint Evaluation

<i>I hereby certify that the above information is accurate.</i>	
EMPLOYER SIGNATURE:	DATE:
SUPERVISOR SIGNATURE:	DATE:
TRAINEE SIGNATURE:	DATE:

Final Evaluation

<i>I hereby certify that the above information is accurate.</i>	
EMPLOYER SIGNATURE:	DATE:
SUPERVISOR SIGNATURE:	DATE:
TRAINEE SIGNATURE:	DATE:

Please explain any unsatisfactory evaluation:

☐ Having satisfied the requirements of the training plan, employment continues on an unsubsidized basis.

COMPLETION/TERMINATION NOTICE

Contracting Employer: _____

Location: _____

OJT Enrollee: _____

State ID: _____

Completed On-the-Job Training: Yes ☐ No ☐Still Employed: Yes ☐ No ☐Date Completed: ____/____/____
(Month) (Day) (Year)

Wage after OJT completion: \$_____/hour

Termination Information: Date of Termination ____/____/____
(Month) (Day) (Year)Reason (check one): Discharge ☐ Quit ☐ Entered School ☐ Health ☐