|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Time Report For: |  | Pay Period: |  |  |

 First Day  Last Day

Employer Name: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Address: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OJT Trainee Name: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TWIST ID#: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hourly Wage: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reimbursement Percentage: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hourly Reimbursement Rate (Hourly Wage x Reimbursement Percentage): \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUEST FOR PAYMENT INVOICE**

|  |  |  |
| --- | --- | --- |
| 1. | Total hours to be reimbursed this month: |       |
| 2. | Hourly reimbursement rate: |       |
| 3. | Reimbursement total for current month: |       |

**I CERTIFY THE TIME AND TRAINING HOURS ON THIS REPORT TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THE CURRENT PAYROLL REGISTER(S) IS ATTACHED.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer Signature:** |  | **Date:** |  |
| **OJT Trainee Signature:** |  | **Date:** |  |
| **Workforce Solutions Office Staff Signature:** |  | **Date:** |  |

**FOR INTERNAL USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SIGNATURES** | **Dates** | **PO #** |
| **FISCAL:** |  |  |  |
| **COMPLIANCE:** |  |  |  |
| **PURCHASING:** |  |  |  |

Funding Source: [ ]  WIOA Adult [ ]  WIOA Dislocated Worker [ ]  WIOA In-School Youth 14–21

 [ ]  WIOA Out-of-School Youth 16–24

 [ ]  TANF/Choices or Noncustodial Parent Choices programs

 [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Totals

|  |  |  |
| --- | --- | --- |
| 1 | Total training hours in contract: |       |
| 2 | Total hours reimbursed this month: |       |
| 3 | Cumulative total training hours (all months): |       |
| 4 | Total hours remaining in contract: |       |