

On-the-Job Training Invoice
Retention Period

Employer Name		Employer Address	
Trainee Name:			
Training Period:	Begin Date	and End Date	
Retention Period:	Begin Date	and End Date	

Retention Invoice Date	Please submit invoice within 30 days of the Retention Period end date.	
Gross Wages		\$
Gross wages are the wages paid to Trainee for work performed during the Training Period		
Training Invoice Date	Amount	\$
Retention Payment Requested		\$
Payment requested is equal to one-fourth of the Gross Wages amount or \$2,500, whichever is less.		
Total OJT reimbursements for Training and Retention invoices may not exceed one-half of the gross wages amount shown above or \$5,000, whichever is less, and may not exceed the amount obligated on the Training Plan.		

☐ I certify that the above-named Trainee is still employed with Employer and is expected to work at least thirty (30) hours each week; **OR**

☐ I certify that the above-named Trainee is still employed with another employer or is no longer employed with Employer and is not eligible for Unemployment Insurance benefits.

Separation Date:

New Employer Name:

Employer Signature: _____

Date:

Type/Print Name:

Title:

For Office Use Only

Signature: _____ Date:

Organization Name:

Type/Print Name:

Title:

Invoice Disposition: