

ON-THE-JOB TRAINING ACKNOWLEDGEMENT FORM

SUB-RECIPIENT:			
CONTRACT/CLUSTER NAME:			
SERVICE LOCATION:			
PARTICIPANT NAME:		USER ID:	

PROGRAM ELIGIBILITY: ADULT DW OSY OTHER: _____

INVOICE START DATE:		INVOICE END DATE:	
TOTAL TRAINING AMOUNT:		TOTAL PAST PAYMENTS:	
AMOUNT REMAINING:*		TOTAL WIOA INVOICE AMOUNT:**	

*Amount remaining BEFORE this invoice.

**Total invoice amount must be less than or equal to the amount remaining.

PM Initials	
	I have attached the Invoice from the Employer. If first request, I have attached the Employer's W-9.
	I have reviewed the file and I certify that this participant is eligible.
	I have reviewed the file and I certify that the ISS/IEP has been updated to reflect the training activity.
	I have reviewed the file and I certify that there is a signed OJT Contract.
	I have reviewed the file and I certify that there is a skills gap analysis.
	I have reviewed the file and I certify that there is a training plan. If this is the final request, I certify that there is an updated final training plan.
	I have reviewed the file and I certify that there is proof the participant worked the hours the Employer is billing for (i.e. timesheet).
	I have reviewed the file and I certify that there is proof the participant was paid for the hours the Employer is billing for (i.e. paystub).
	I have reviewed the file and I certify that, if any, all unworked paid time off other than holiday time has not been billed by the Employer.
	I have reviewed the file and I certify that, if any, all premium time is billed by the Employer at the standard reimbursable rate not the premium rate (i.e. overtime, double time etc.).
	I have reviewed the file and I certify that all hours are within the contract period.
	I have reviewed the file and I certify that this reimbursement plus all previous reimbursements related to this training have not exceeded the total contract.

My signature below acknowledges that our organization retains all liability for all costs associated with this training and any disallowed expenses must be repaid to Workforce Connections using non-federal funds.

Sub-Recipient Authorized Signature

Date