



## WIOA Title I ADW and Youth Programs On-the-Job-Training (OJT) Acknowledgment 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:*		CURRENT WIOA INVOICE AMOUNT:**	

\*Amount remaining BEFORE this invoice.

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

<b>PM Initials</b>	
	<b>I have attached the Invoice from the Employer. If first request, I have attached the Employer's W-9.</b>
	<b>I have reviewed the file and I certify that this participant is eligible.</b>
	<b>I have reviewed the file and I certify that the ISS/IEP has been updated to reflect the training activity.</b>
	<b>I have reviewed the file and I certify that there is a signed OJT Contract.</b>
	<b>I have reviewed the file and I certify that there is a skills gap analysis.</b>
	<b>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.</b>
	<b>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).</b>
	<b>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).</b>
	<b>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.</b>
	<b>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.).</b>
	<b>I have reviewed the file and I certify that all hours are within the contract period.</b>
	<b>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.</b>

**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*