



OJT Agreement No.:
Training Plan No.:

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: