

OJT Invoice and Progress Report

Invoice

Employer: _____		Contract _____	
Trainee: _____		Number: _____	
Invoice Date: _____			

Pay Period Dates	Hours Worked	Wage	Gross Wages	Reimbursement Percentage	Total Reimbursed
_____ to _____					
_____ to _____					
_____ to _____					
_____ to _____					
_____ to _____					
					Total

Checklist

Attached	<input type="checkbox"/> Subtracted "non-work" hours from invoiced amount	<input type="checkbox"/> Timesheets
	<input type="checkbox"/> Completed evaluation below	<input type="checkbox"/> Canceled check or ACH print out
		<input type="checkbox"/> Training plan and hours trained documentation

Trainee Progress Report

Please check appropriate response: Excellent = E, Good = G, Fair = F, Unsatisfactory = U

Name of Evaluator: _____		Job Title: _____	
Time Period: _____ to _____			
E G F U	E G F U	E G F U	E G F U
Attendance	Follows Directions	Initiative	Communication Skills
Punctuality	Accepts Responsibility	Team Skills	Appropriate Dress
Skill Progress	Productivity	Quality of Work	Motivation

I certify that the above information is correct as stated.

Please submit to diane.head@careersourcenorthflorida.com or fax to (850) 973-6497

Employer Signature _____ Date _____

CSNF Approval _____ Date _____

Funding Stream _____

Placed in electronic file

Entered on tracking spreadsheet