OJT Employer Reimbursement Request

Employee's Name: _____ Pay Period:_____

Social Security #:_____ Supervisor: _____

Job Title: _____ Authorizing Payment: _____

Date Hired: _____ Business Name: _____

Contract End Date: _____ Business Address: _____

Hours Authorized: _____ Wage Rate:_____

Maximum Reimbursement: _____ Reimbursement Hourly Rate: _____

Hours Worked this Period: _____ Month _____ Year _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Employee's Signature: _____ Supervisor Signature: _____

Authorized Signature: _____

Hours	Tasks to be Learned	Supervisor's Initials
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	**TOTAL**	

Comments: _____

_____

Mail original to:
Bay Consortium Workforce Development Board, Inc.
P.O. Box 1117
Warsaw, VA 22572

Trainee Evaluation

Grading Key: A = Excellent B= Good
C = Average D = Poor

Acceptance of Responsibility	
Promptness Reporting to Work	
Displays Initiative	
Accuracy	
Conduct & Attitude	
Cooperation	
Degree of Job Knowledge & Skills	
Productivity	

Do NOT write below this line

Total hours this month: _____
Total reimbursement this month: _____
Approved by Workforce Representative: _____
Check No.: _____ Date Paid: _____

For Office Use Only

Total hours accrued: _____
Hours remaining: _____
Total reimbursement accrued: _____
Date: _____ Amount paid: _____