



MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
DIVISION OF WORKFORCE DEVELOPMENT

ON-THE-JOB TRAINING MONTHLY PROGRESS REPORT/INVOICE

COMPLETE MONTHLY PROGRESS REPORT FOR EACH
PARTICIPANT OR ATTACH COMPANY PAYROLL RECORD

(Please Type or Print in Ink)

Make Check Payable to:

EMPLOYER'S NAME

ADDRESS

MONTH OF

INVOICE PERIOD (Month, Day, Year)

FROM:

TO:

NDWG

OTHER:

Adult

Youth

Dislocated Worker

TRAINING AGREEMENT #

PARTICIPANT'S NAME

PARTICIPANT'S APPID OR LAST 4 DIGITS OF SSN

(Indicate Calendar Day and Number of Hours Worked for Each Calendar Day)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

PRIOR CUMULATIVE HOURS WORKED

TOTAL HOURS WORKED THIS PERIOD:

NEW TOTAL CUMULATIVE HOURS WORKED

ATTESTATIONS

EMPLOYER	I certify onsite training has been provided per the contract and that wages/hours in this statement are correct to the best of my knowledge. Repayment for these training services has not been received from any other source. Time/Attendance and Payroll Records are available to verify the totals above. Amounts in this invoice constitute authorized payments per the Training Agreement. The Invoice marked "final report" constitutes authority to terminate his slot and to deobligate unused funds. I further certify this participant has not been employed previously by this firm, unless specifically identified as an upgrading training situation. I certify that the OJT participant is making satisfactory progress with attainment of the skills outlined on the OJT Training Plan.		
	Signature of Employer or Authorized Representative	Title	Date
PARTICIPANT	I certify that I have reviewed this request and verify that I have worked the hours reported and have been paid at the rate indicated.		
	Signature of Participant	Date	
AGENCY	Agency Certification: The rate of pay and number of hours worked have been reviewed. Payment is approved subject to verification.		
	Signature of Job Center Representative	Job Center Name & ID No.	Date

FOR OFFICIAL USE ONLY

Hourly Rate	Rate (%) of Reimbursement	Hourly Rate of Reimbursement	Reimbursable Hours	Amount Due Employer	Final Report	If Final Report, Total Amount Paid this Slot*
\$	X	=	X	=	\$	\$

*PROGRAM NOTE: When submitting final report, verify no overpayment due to currency cent-rounding in "Amount Due Employer"

Missouri Division of Workforce Development is an equal opportunity employer program.

Auxiliary aids and services are available upon request to individuals with disabilities.

Missouri TTY Users can call (800) 735-2966 or dial 7-1-1.