



OJT REIMBURSEMENT REQUEST FORM

FOR THE PAYROLL PERIOD FROM: _____ TO: _____

TITLE		DESCRIPTION
NAME OF EMPLOYEE/TRAINEE:		Please enter full name of OJT Trainee
VR CUSTOMER #:		VR Identification Number for Trainee
PLACE OF EMPLOYMENT:		Where the Trainee is working
SUPERVISOR:		Immediate Supervisor of the Trainee
EMPLOYER OF RECORD:		Company responsible for paying wages
VENDOR ID #:		VR Vendor ID for Employer of Record
EMPLOYER PHONE NUMBER:		Phone number for Employer of Record
HOURLY PAY RATE:		Trainee's hourly wage

PLANNED BEGIN DATE:					PLANNED END DATE:				
WEEK ENDING (date)	TRAINEE / EMPLOYEE – NUMBER OF HOURS WORKED PER DAY @ \$ PER HR.							TOTAL HOURS	TOTAL AMOUNT
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY		
									\$
									\$
									\$
									\$
									\$
GROSS WAGES:									\$
10% FLAT FEE:									\$
TOTAL AMOUNT TO BE REIMBURSED TO EMPLOYER:									\$

Progress must be documented in the form of Monthly Progress Reports up to the date of submission of this Form.

By signing below, the Provider attests that all hours worked are correct and evidenced by proof of payroll. Copies of paycheck stubs and/or payroll registers must be submitted to support all reimbursement requests.

Provider Representative Signature: _____ Date: _____

Recommendation and Justification for continuation of Agreement (complete 30 days prior to end of OJT):

Approved Rejected Counselor Signature: _____ Date: _____