

TAA On-The-Job Training (OJT) Invoice Instructions

Complete one invoice monthly.

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| 1. | LWIA #/ETC | Enter the LWIA # and ETC where the customer is being served. |
| 2. | Customer SSN | Enter the SSN of the customer. |
| 3. | Invoice Date | Enter the date this form is being completed. |
| 4. | Customer Name | Enter the customer's last name, first name and middle initial. |
| 5. | Street Address
(Residence) | Enter the street address where the customer currently resides. Enter the apartment number, if applicable. |
| 6. | City | Enter the city where the customer currently resides. |
| 7. | State | Enter the state where the customer currently resides. |
| 8. | Zip | Enter the 5 digit zip code where the customer currently resides. |

OJT Employer Information

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| 9. | Name of Company | Enter the Name of the Company that made a commitment to hire the customer under the terms of an On-the-Job Training agreement. |
| 10. | Phone Number | Enter the phone number for the OJT Company. |
| 11. | Contract Certifier
(Name/Title) | Enter the company or employer personnel responsible for developing the OJT agreement. Record name and title. |
| 12. | Street Address (Facility
of Employment) | Enter the street of the work site. Enter the PO Box if used as the mailing address. |
| 13. | City | Enter the city of the work site. |
| 14. | State | Enter the state of the work site. |
| 15. | Zip | Enter the 5 or 9 digit zip code for the work site. |
| 16. | Federal Employer
Identification Number
(FEIN) | Enter the Federal Employer Identification Number. Also known as the FEIN, employer's tax number. |

OJT Time Sheet Information

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| 17. | Dates From/To | Enter the beginning and ending date for each week in the month for which reimbursement is being requested. Also, for each day of the work week, enter the number of hours the worker was present. |
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TAA On-The-Job Training (OJT)

Invoice Instructions

18. Weekly Hours Worked Enter the total number of hours worked by the worker during the weekly period. This is the sum of all individual days for the week. **No overtime hours can be included here.** Overtime hours are defined by the company, but cannot exceed 40 hours in a week. (I.e. if the employer considers 37.5 hours a full week and the worker was present for 40 hours, no more than 37.5 hours can be listed in this entry.)
19. Total Hours Worked During Period Enter the total hours worked during this period. This is the sum of all weekly hours worked.

OJT Reimbursement Information

20. Starting Wage Enter the Starting Wage from Item #28 from DCEO/TAA Form #008.
21. Negotiated Training Reimbursement Rate Enter the Negotiated Training Reimbursement Rate from Item #33 from DCEO/TAA Form #008.
22. Monthly Wages due Employee Calculate Monthly Wages Due Employee by multiplying Item #19 by Item #20. Multiply that total by Item #21. Enter that amount.
23. Tool Costs for this Month Enter the tool costs for those tools provided to the worker during this month. The sum of all monthly tool costs cannot exceed the calculated total found on DCEO/TAA Form #008, Item #34. (Tools may include tools, equipment, uniforms, books, etc. and must be required of all workers performing the same type of tasks as the worker in training.)
24. Total Training Reimbursement due Employer for Month Calculate the monthly reimbursement total. This is the sum of Item #22 and Item #23. This is the amount due the employer for the month of training provided to the worker.

OJT Employer Confirmation

25. Contract Employer Signature and Date The contract certifier identified in #11 must sign and date this form confirming that they are in agreement with the above information.
26. Contract Employer Phone Number Enter the contract employer phone number.

TAA Program Mailing Information

27. LWIA Name, Contact Name, Street Address, City, State and Zip Enter the LWIA's name, the LWIA OJT contact's name, street address, PO Box if used as the mailing address, city, state and the 5 or 9 digit zip code.
28. Customer Signature and Date The customer must sign and date the invoice prior to submitting for payment.

STAFF USE ONLY

29. Case Manager Signature and Date The LWIA case manager must sign and date this form.