Department of Workforce Development State of Wisconsin

Division of Vocational Rehabilitation

**On-the-Job Training (OJT)**

**30-day Invoice and Progress Report**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employee's Last Name, First Name | | | | | |
| Company Name/Remit to Address | | | | Purchase Order Number | |
| Report/Invoice Date | Report/Invoice Number | | STAR ID/FEIN | | |
| Dates Employee Worked for this Invoice Period:  Click or tap to enter a date. to Click or tap to enter a date. | | | Current Pay Rate (per hour)  **$** | | |
| Total **Amount Due** (50% of wage 0.00 X total hours 0 worked)  **$** 0.00 | | | | | |
| **Supervisor’s evaluation for dates listed above:** | | | | | |
| **OJT Skills (Use OJT Objectives listed in OJT Agreement)** | | **Needs Improvement** | | **Meets Expectations** | **Exceeds Expectations** |
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| Additional Comments (i.e. communication, problem solving, response to supervision, etc) | | | | | |
| **I certify that the hours and pay reported above are correct and the Employee Evaluation section has been reviewed.** | | | | | | |
| Employer Signature | | | | Date Signed | | |
| Employee Signature | | | | Date Signed | | |
| **Send Progress Report/Invoice To:** (Local DVR Office): | | | | | |
| Email: | Mailing Address: | | | Fax: | | | |

DVR-18435-E (N. 07/2018)