Department of Workforce Development State of Wisconsin

Division of Vocational Rehabilitation

**Student On-the-Job Training (S-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      |
| Current Pay Rate (per hour)**$**       |
| Report/Invoice Date      | Report/Invoice Number      | STAR ID or FEIN      |
| Dates of current 30-day S-OJT period:Click or tap to enter a date. to Click or tap to enter a date. |
| Total **Amount Due** (100% of wage 0.00 X total hours    worked)**$** 0.00 |
| **Supervisor’s evaluation for dates listed above:** |
| **S-OJT Skills (Use S-OJT Objectives listed in the S-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-18436-E (N. 7/2018) |