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) | | | | | |