

**On-the-Job Training Invoice**  
***Post probation Training***

Employer Name:

Employer Address:

Trainee Name:

Initial Training Period Begin Date:

End Date:

Post-Probation Training Begin Date:

End Date:

Initial Training Invoice Date:

(Please submit invoice within 30 days of the Retention Period End-Date)

Initial Training Period Gross Wages:

(Gross Wages are the wages paid to Trainee for work performed during Training Period)

Post Probation Training Invoice Date:

Post Probation Training Period Gross Wages:

(Gross Wages are the wages paid to Trainee for work performed during Retention Period)

*Note: If End-Date of Retention Period falls in the middle of a Pay Period, go to end of Pay Period for Gross Wages*

Post Probation Payment Requested:

(50% of gross wages, or \$1,500, whichever is less)

[ Total OJT reimbursements for Initial Training & Post-Probation Training may not exceed \$2,500 or the amount obligated on the Training Plan.]

I certify that the above named Trainee is still employed with Employer and is expected to work at least thirty (30) hours each week; OR

I certify that the above named Trainee is still employed with another employer.

Separation Date:

New Employer:

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
FOR OFFICE USE ONLY

\_\_\_\_\_  
CCJFS Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title