

WIOA

On-The-Job Training Contract (OJT)

Contractor Claim Page

Contractor:			
Street Address:		Vendor IRS #:	
City/ State/ Zip:		Phone #:	
Employee Name:		Social Security #:	

Claim Period

From:		To:	
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Contracted Wage Paid per Hour: _____ OJT Reimbursement Rate of _____

	Hours Worked	Gross Wages Paid
Regular Time Worked:		
Overtime Worked:		
Holiday, Paid Leave, Other:		
Total Wages		
Other Vendor Activities:		
Classroom/ Individual Training Costs:		
Other Training Costs: (explain)		
Total Other Vendor Activities		
Grand Total (Items 2 and 3)		

WIOA Use Only: Approved Reimbursement Hours: _____ TOTAL COST: _____

Signatures

I, the Contractor Claimant/Employer Representative, do certify that the items for which payments is claimed were furnished for WIOA business under the authority of the law and in accordance with the provision of the above referenced contract. The charges are supported with attached documentation in the form of time and attendance records, invoices, receipts, or other records necessary. I authorize a WIOA Representative to compute the allowable amount due the Contractor based on the above information and in accordance with the contract.

Employer Representative:		Date:	
WIOA Representative:		Date:	

Participate/ Employee Signature

I, the Participant/Employee, do certify that the number of hours reported by the employer representative are a true recording of actual hours worked. I also certify that my wages were paid at a rate of at least the contracted wage rate per hour which is referenced above.

Participant/ Employee		Date:	
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Please Submit Claims To:

Title I Career Planner Name: _____

Address: _____

City/ State/ Zip: _____

Email: _____