

Contract #:

**Mountain Area Workforce Development Consortium
On-the-Job Training Wage Expenditure Report and Reimbursement Request**

Attachment F

EMPLOYER:	<input type="text"/>	Invoice #:	<input type="text"/>
ADDRESS:	<input type="text"/>	Invoice Date:	<input type="text"/>
PARTICIPANT:	<input type="text"/>	Total Training Hours:	<input type="text"/>
DATE EMPLOYED:	<input type="text"/>	Total Reimbursement:	<input type="text"/>
Contract Number::	<input type="text"/>	Contract End Date:	<input type="text"/>

Please do not enter data in cells shaded grey. Enter data in cells shaded light green.

PAYROLL PERIOD		TRAINING HRS. PER TIMESHEET				PAID			GROSS
Dates		Regular	Over Time	Paid Time Off	Total	Base Pay per Hour	Overtime Pay per Hour	Paid Time Off	Paid
From	To					Regular	Over Time		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	\$	\$	\$	\$
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	\$	\$	\$	\$
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	\$	\$	\$	\$
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	\$	\$	\$	\$
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	\$	\$	\$	\$
Totals Per Employer:		0	0	0	0	\$	\$	\$	\$

Hours to be Reimbursed:	0	0			Training Hours Completed	
Contract Reimbursement Rate:					Reimbursement Requested	\$

OJT reimbursement is not provided for paid time off.
 OJT is reimbursed as a percentage of the base pay for all hours of training.
 Overtime is counted as training time, but reimbursed at the base rate (not the overtime pay rate).
 OJT reimbursement is not paid for earnings from shift differentials, production bonuses, tips, commission, etc..

(Authorized Employer Signature)

(Employee Signature)

(Date)

