



Final Invoice – OJT

Company Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Employee Name: _____ **PIN#:** _____

Number of OJT hours: _____ **Completed Date:** _____

30-Day Retention Period Completed Dated: _____

Amount Withheld for 30-Day Employment Verification: \$ _____
(20% of total OJT agreement)

Amount Due: \$ _____

Please comment on employee's overall work performance below:

Employee Signature: _____ **Date:** _____

Employer Signature: _____ **Date:** _____

Email this Final Invoice along with the Verification of Employment Retention to:

EMI Staff Only

Approved By: _____ **Date:** _____

Employ Milwaukee is an Equal Opportunity Employer and Service Provider. If you need this information in an alternate format, or in a different language at no cost to you, please contact us at (414) 270-1700. Deaf, hard of hearing, or speech impaired callers can contact us through Wisconsin Relay Service at 711.

Form Date: 01.01.26