



Monthly Invoice /Timesheet / Supervisor Evaluation - OJT

Employee Name: _____ Start Date: _____

Company Name: _____

Month: _____ Year: _____ Current Pay Rate: _____ SVP #: _____

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
OJT Hours																	
Day of Month	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Month Total		
OJT Hours																	

A = Excused Absent T = Tardy S = Sick H = Holiday U = Unexcused Absence O = Off

Amount of Subsidy per hour (XX% of hourly wages): \$ _____

Total Subsidy (Total hours X XX% of hourly wage): \$ _____

Withheld for 30 days (20% of Total Subsidy): \$ _____

Amount Due: \$ _____

Supervisor's evaluation for current pay period

General Skills	Poor	Satisfactory	Very Good	Excellent
Work habits (attendance, attitude, dress, etc.)				
Interpersonal skills				
Problem solving abilities				
Productivity				
Relationship with Supervisor				
OJT Skills as listed on Training Plan				
Attainment of Skills				
Retention of Skills				
Follows Safety Guidelines				

Additional Comments: _____

I certify that the hours and pay reported above are correct and the Employee Evaluation section has been reviewed:

Employer: _____ Date: _____

Employee: _____ Date: _____

For Employ Milwaukee Staff Use Approved by: _____ Date: _____	SEND INVOICE TO: (OJT Owner) Employ Milwaukee No later than the 5 th working day of the following month. (OJT Owner Email address)
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