



# Verification of Employment & Final Invoice - On-The-Job- Training (OJT)

Please submit this completed form to

## Section 1: Employer Information

Employer Name  
 Address  
 City State Zip  
 Company Representative Name Title  
 Phone Email

## Section 2: Employee Information

Employee Name Voucher #  
 Position Title

## Section 3: Invoicing

Total OJT Agreement Amount \$  
 Amount Withheld for 30-Day Verification (20%) \$  
 Final Amount Due \$

## Section 4: OJT Summary

Training Start Date Training End Date  
 30 Day Retention Period Completed  Yes  No If Yes, Completed Date  
 Hourly Pay Start \$ Hourly Pay Training End \$ Current Wage \$  
 Hours Per Week

## Section 5: Performance & Retention

Comments on Employee's Overall Work Performance

Still employed  Yes  No  
 If No, Last Date of Employment  
 Reason for Leaving

## Section 6: Benefits

Was employee eligible for health insurance  Yes  No  
 Benefit eligibility waiting period (days)

## Section 7: Employer Signature

Signature Date

## EMI Staff Only

Approved By \_\_\_\_\_ Date \_\_\_\_\_

Form Date: 03.11.26

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