



Wayne County

A proud partner of the American Job Center Network

ON-THE-JOB TRAINING CONTRACT REIMBURSEMENT REQUEST

Date of Request _____

Employer Name _____

Employer Address _____

Trainee Name _____

Trainee Soc. Sec. # _____

Hourly Rate of Pay _____

Reimbursement is requested for the following days/hours worked by the Trainee for the month of _____

Recap is as follows: (enter time as hh:mm)

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

Total Hours Worked 0:00 hh:mm 0.00 decimal

I certify that the above report of hours worked is true and accurate and that the company has proper documentation of these hours on file. **Please attach company timecard report with this request.**

Authorized Representative Signature _____

Title of Representative _____

Printed Name _____

Date _____

Do Not Write in This Area - Workforce Innovation & Opportunity Act (WIOA)

Financial Code _____

Hourly Rate \$ _____ x Reimbursement _____ % = Reimbursement Rate \$ _____

Rate x Hours Worked _____ = **TOTAL REIMBURSEMENT** \$

Authorization to Reimburse _____

Date _____

Approval to Reimburse _____

Date _____

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