

**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
WORKFORCE INVESTMENT AGENCY**

**MONTHLY PROGRESS REPORT – INVOICE**

**A. General Instructions**

Once an OJT contract is effective and an OJT employee/trainee begins the program, it is the responsibility of the OJT contractor/employer to prepare and submit monthly progress reports for reimbursements.

The OJT Monthly Progress Report/Invoice is to be completed as follows:

1. Enter the contract number as it appears on the OJT contract.
2. Enter the start and end date of the contract.
3. Enter the report period for which reimbursement is being claimed.
4. Identify the invoice number (the numbers should be consecutive starting with invoice number one for the initial invoice).
5. Check whether this is the initial, interim, or the final report/invoice.
6. Enter the OJT contract/employers name, address, and zip code as it appears on the OJT contract and/or modification.
7. Enter the OJT Contract/employers State and federal identification numbers.
8. Identify the person to whom questions and/or comments regarding this report/invoice may be directed.
9. List the occupation(s) authorized in the OJT contract/modification. (Use a second report/invoice if more than four lines are needed).
10. Next to the occupation, identify the OJT employee/trainee. If more than one OJT employee/trainee is in training for a particular occupation, repeat the occupation on a second line and identify the other OJT employee/trainee(s). Please note that only persons for whom an appropriate referral from the Grantor has been made are to be listed for the reimbursement claimed.
11. Identify the authorized training hours for each OJT employee/trainee as specified in the OJT contract or modification.
12. Identify the cumulative hours that the OJT employee/trainee(s) participated in bona-fide training. This includes the total hours worked/trained since the beginning of the OJT program. In no cases shall this exceed the authorized hours. The OJT contractor/employer is to exclude hours where the OJT employee/trainee(s) was (were) absent even if paid for those absences.

13. Identify the hourly fixed unit cost that is specified in the OJT contract/modification.
14. Enter under column "Reimbursement", the product of the "Hours Worked" column times the "Hourly Fixed Unit Cost" column. This represents the amount of funds claimed through this report period for each OJT employee/trainee.
15. Complete the "Totals" line by adding the "Authorized Hours" and "Hours Worked".
16. Complete the "Total Amount" line by adding the "Reimbursement" column. This represents the total amount claimed by the OJT contractor/employer through this reporting period. It is not the amount that is to be paid to the OJT contractor/employer, but rather, a combination of what has been paid and what is to be paid.
17. Complete the "Invoice to Date" line by entering the total amount claimed on the previous report/invoice. **Note** - this entry is to include amounts requested even if they have not been paid.
18. The signature of the OJT contractor/employer and date is required prior to processing payment. This signature must be that of the person executing the OJT contract on behalf of the OJT contractor/employer or its authorized representative as specified in the OJT contract.
19. Prior to processing, the Grantor will review the report/invoice, check for accuracy and completeness, and sign and date where indicated.
20. The report/invoice is not ready to be processed.

The Grantor staff will visit the OJT contractor/employer when the initial invoice is to be prepared. The visit can coincide with the "Service Visit" and will ensure that the assistance provided in helping the OJT contractor/employer to complete the initial report/invoice leads to subsequent accurate, timely, and complete submittals.

Once the WIA official signs and completes the review of the report/invoice, it is sent to the Department of Finance for processing.

## **B. OJT Employee/Trainee Evaluation**

The OJT monthly progress report/invoice is a useful tool to inform the Workforce Investment Agency on contract activity, but it does not provide sufficient information regarding the OJT employee/trainees' status and progress in the program.

Individual OJT employee/trainee evaluation forms are required to ensure that participants are progressing at an acceptable level and have in fact begun to acquire the skills and knowledge contained in the training outline.

The information provided is useful to the Workforce Investment Agency in determining whether a service visit is necessary.

INSTRUCTIONS FOR COMPLETING THE EVALUATION FORM:

1. Identify the OJT contract/employer.
2. List the contract number
3. Identify the OJT employee/trainee
4. List the starting date of the actual training.
5. Identify the number of hours authorized for training and the actual hours worked by the OJT employee/trainee.
6. If the OJT employee/trainee has completed or left the program, identify the appropriate date.
7. Identify the status of the OJT employee/trainee as of the end date of the report period. This can be either of the following:
  - a. Currently in training,
  - b. Completed training, still employed,
  - c. Completed training, no longer employed,
  - d. Terminated prior to completion
  - e. Currently on lay-off status.
8. Indicate by circling the appropriate evaluation level for the OJT employee/trainee for each of the criteria listed.
9. Provide necessary comments. If the OJT employee/trainee is no longer employed, please list the reason for termination.
10. Both the OJT contractor/employer and the OJT employee/trainee are to sign the evaluation form.

**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
WORKFORCE INVESTMENT AGENCY**

**ON-THE-JOB TRAINING MONTHLY PROGRESS REPORT/INVOICE**

<b>Contract Number</b>	<b>Contract Period</b>  <div style="display: flex; justify-content: space-around;"><span><u>Start Date</u></span><span><u>End Date</u></span></div>		<b>Reporting Period</b>  <div style="display: flex; justify-content: space-around;"><span><u>From</u></span><span><u>To</u></span></div>	<b>Invoice Number:</b>  0001	<input type="checkbox"/> <b>Initial Invoice</b>  <input type="checkbox"/> <b>Interim Invoice</b>  <input type="checkbox"/> <b>Final Notice</b>
<b>OJT Contract/Employers Name, Address &amp; Zip Code</b>				<div style="border-bottom: 1px solid black; padding-bottom: 5px;"><b>State Employer Account Number</b></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-top: 10px;"><b>IRS Identification Number</b></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-top: 10px;"><b>Contractors Representative</b></div>	
<b>Occupation</b>	<b>OJT Employee/Trainee</b>	<b>Authorized Hours</b>	<b>Cumulative Hours</b>	<b>Hourly Fixed Rate</b>	<b>Reimbursement</b>

TOTAL: \_\_\_\_\_

TOTAL AMOUNT: \_\_\_\_\_  
INVOICED TO DATE: \_\_\_\_\_  
AMOUNT CLAIMED: \_\_\_\_\_

\_\_\_\_\_  
Authorized Contractors Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
OJT Contract Specialist Signature

\_\_\_\_\_  
Date

**All applicable State and Federal taxes have been paid through the end of the preceding quarter. All wages and training to which the employer/trainees are entitled through the end of this report period have been paid and provided.**

**Commonwealth of the Northern Mariana Islands  
WIA – OJT**

***Monthly Trainee Wage Record***

\_\_\_\_\_  
**Month**

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		Total
Code	W	H															
Hours	8	0															
Date	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Code																	
Hours																	

Codes:

W – Worked

V – Paid Vacation

S – Paid Sick Leave

H – Paid Holiday

Grand Total \_\_\_\_\_

Pay Rate \_\_\_\_\_

Amount Paid \_\_\_\_\_

I certify that I rendered services as shown hereon and  
that payment therefore has been received.

\_\_\_\_\_  
(Employees Signature)

\_\_\_\_\_  
(Print Employees Name)

\_\_\_\_\_  
Contractors Name

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

## ON-THE-JOB TRAINING MOTNLY PROGRESS REPORT//INVOICE

Authorized Contractors Signature	Date	OJT Contract Specialist Signature	Date
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**All applicable State and Federal taxes have been paid through the end of the preceding quarter. All wages and training to which the employer/trainees are entitled through the end of this report period have been paid and provided.**

**Commonwealth of the Northern Mariana Islands  
WIA – OJT**

***Monthly Trainee Wage Record***

\_\_\_\_\_  
**Month**

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		Total
Code																	
Hours																	
Date	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Code				W	W	W	W	W									
Hours				8	8	8	8	8									40 hrs.

Codes:

W – Worked                  V – Paid Vacation  
S – Paid Sick Leave        H – Paid Holiday

Grand Total 80

Pay Rate \$5.50

Amount Paid \$440.00

I certify that I rendered services as shown hereon and  
That payment therefor has been received.

\_\_\_\_\_  
(Employees Signature)

\_\_\_\_\_  
Jane Doe  
(Print Employees Name)

LRP Enterprises, Inc.  
Contractors Name

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)