



ON-THE-JOB TRAINING MONITORING REPORT

CAREER CENTER REPRESENTATIVE FILING REPORT	EMPLOYER	DATE OF VISIT
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NAME OF TRAINEE	TRAINEE'S SOCIAL SECURITY NUMBER (LAST 4 DIGITS)
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I. GENERAL INFORMATION

Number of employees who have completed training: _____
 Number of employees terminated, to date: _____

II. REPORTS AND RECORDS *(Explain "No" answers in Comments, Section VI, below.)*

A. Does the "start date" in the employer's records occur on or after Toolbox 2.0 enrollments? Yes No ↗

B. Has the *Monthly Progress Report/Invoice* (DWD-PO-220) been submitted every 30 days? Yes No ↗

C. Are adequate financial records being kept to support claims for reimbursement for items in the agreement budget? Yes No ↗

D. Do the reimbursements and days of training claimed on the *Monthly Progress Report/Invoice* agree with attendance and payroll records? Yes No ↗

III. TRAINING SERVICES *(Explain "No" answers in Comments, Section VI, below.)*

A. Is the training outline being followed? Yes No ↗

B. Is the trainee being paid at the wage specified in the agreement? Yes No ↗

IV. PROGRAM OPERATIONS *(Explain "No" answers in Comments, Section VI, below.)*

A. Is the Employer aware of and complying with Title VI EEOC Compliance requirements? Yes No ↗

B. Is an Equal Employment Opportunity poster visible in the workplace? Yes No ↗

C. Are the training facilities adequate? Yes No ↗

D. Is training equipment adequate and available to employees? Yes No ↗

E. Are the instructors adequate? Yes No ↗

F. Are there any participant grievances? Yes No ↗

V. EVALUATION OF PROGRAM *(Explain evaluations in Comments, Section VI, below.)*

A. Rate this program on the basis of your observations: Excellent Good Fair Poor

B. Recommended action to be taken on deficiencies: Modification Termination No Action Required

VI. COMMENTS FOR SECTIONS II, III, IV, & V

[Empty comment box]

VII. EMPLOYER FILE DOCUMENTATION

LOCATION OF RECORDS

RECORDS EXAMINED	DISCREPANCIES NOTED	ACTION TAKEN	COPY OBTAINED
<input type="checkbox"/> Payroll prior to beginning date of training agreement			
<input type="checkbox"/> Time Sheet <input type="checkbox"/> Time Card <input type="checkbox"/> Other:			
<input type="checkbox"/> Payroll Journal <input type="checkbox"/> Pay Record <input type="checkbox"/> Check Stub <input type="checkbox"/> Other:			
<input type="checkbox"/> Cancelled Checks <input type="checkbox"/> Other:			

COMMENTS ON DOCUMENTATION

X _____ SIGNATURE OF MONITOR	DATE
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Attach an updated copy of *On-the-Job Training Outline and Job Description (DWD-PO-214)* for this participant.