

WORKFORCE INVESTMENT BOARD OF TULARE COUNTY

OJT MONITORING FORM

Business Name: _____ FEIN: _____

Address: _____ City: _____ State: _____ Zip: _____

Service Provider Representative: _____ Date: _____

Records Review:

- 1. Is the employer maintaining daily attendance records/time for hours worked by the trainee? Yes No
- 2. Is the timesheet certified by the participant / supervisor / employer? Yes No
- 3. Does the employer have payroll records showing all deductions taken and wages paid to trainee? Yes No

Participant Training:

- 1. Is the employer providing the training specified in the Task Oriented Training Plan? Yes No

Contract Compliance:

- 1. Is the employer in compliance with the trainee's wages, benefits, and working conditions as indicated in the OJT provisions? Yes No
- 2. Is the trainee's Workers' Compensation insurance, health insurance, or equivalent protection, at the same level as other employees working a similar length of time and doing the same type of work? Yes No
- 3. Is the employer in compliance with Non-Discrimination, Labor, Health, and Safety Standards as indicated in the OJT provisions? Yes No
- 4. Is the employer adhering to all other OJT provisions and assurances? Yes No

Comments:

Service Provider Representative Signature

Date