



Erie County Dept of Job and Family Services (ECDJFS) On-the-Job Training Invoice

Employer Name: _____

Address: _____

Trainee's Name: _____

Training Period: Begin Date _____ and End Date _____

Gross Wages Paid to the Trainee for work performed during the Training Period: \$ _____

<i>Never more than 50% of the wages</i>	<p>Training Payment: Payment is requested in the amount of \$ _____ for completion of Halfway through the Training period (one half of the gross wage amount shown above or of \$4000.00, whichever is less)</p>
	<p>Training Completion Payment: Payment is requested in the amount of \$ _____ for completion of Training Period (one half of the gross wage amount shown above or of \$4000.00, whichever is less)</p>

I certify that _____ (trainee name) has completed Training and/or Retention, is still employed, is expected to work at least thirty-two (32) hours each week, and has been paid wages owed. List any gaps in employment during the retention period: _____ (days). If the gap exceeds fourteen (14) days, the retention period has been extended for an equal number of days.

Employer Signature: _____ Date: _____

Name: _____ Title: _____

Gross wages have been verified by ECDJFS by viewing (check the appropriate box):

 Time sheets
 Payroll records
 Paycheck stub
 Other (list): _____

ECDJFS Representatives

ECDJFS Signature: _____ Date: _____

Name: _____ Title: _____