



### ON-THE-JOB-TRAINING (OJT) FINAL INVOICE

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employee Name: \_\_\_\_\_ PIN#: \_\_\_\_\_

Number of OJT hours: \_\_\_\_\_ Completed on date: \_\_\_\_\_

30-day Retention Period Completed date: \_\_\_\_\_

Amount withheld for 30-day Employment Verification: \$ \_\_\_\_\_  
(20% of total OJT agreement)

Amount Due: \$ \_\_\_\_\_

Please comment on employee's overall work performance below:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email this Final Invoice along with the Verification of Employment Retention to:

\_\_\_\_\_

**EMI Staff Only**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
OJT Owner Signature

Form Date: 11/15/2024

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