



ON-THE-JOB-TRAINING (OJT) VERIFICATION OF EMPLOYMENT

Employee Name: _____ PIN#: _____

Position Title: _____

Training Start Date:	Training End Date:	30 Day Retention Period Completed:
Hourly Pay Start:	Hourly Pay Training End:	Current Wage:
Weekly Hours:	Weekly Hours:	Weekly Hours:

If no longer working, last day of employment: _____

Reason for leaving: _____

Yes No

Was employee eligible for health insurance

Benefits received after _____ days of work.

Employer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Title: _____

Company Representative (Print): _____

Phone: _____ Email: _____

Company Representative (Signature): _____ Date: _____

Email this verification along with the Final Invoice to: _____

Form Date: 11/15/2024