Missouri Department of Economic Development
Missouri Division of Workforce Development

ON-THE-JOB TRAINING MONITORING REPORT

JOB CENTER REPRESENTATIVE FILING REPORT	EMPLOYER	DATE OF VISIT

NAME OF PARTICIPANT	PARTICIPANT'S APPID	PARTICIPANT'S SOCIAL SECURITY NUMBER (LAST 4 DIGITS)

I. GENERAL INFORMATION

OJT AGREEMENT NUMBER

Number of participants who have completed training, to date, under this agreement: _____

Number of participants terminated, to date, under this agreement: _____

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

A. "Start date" in employer's records occur on or after case-management system 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 participant 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 participants? ☐ 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 to be taken on deficiencies: ☐ Modification ☐ Termination ☐ No Action Required

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

Missouri Division of Workforce Development is an equal opportunity employer/program.
Auxiliary aids and services are available upon request to individuals with disabilities.
Missouri TTY Users can call (800) 735-2966 or dial 7-1-1.

VII. EMPLOYER FILE DOCUMENTATION

LOCATION OF RECORDS

RECORDS EXAMINED	DISCREPANCIES NOTED	ACTION TAKEN	COPY OBTAINED
☐ Do payroll records indicate participant was working prior to beginning date of training agreement?			
☐ Time Sheet ☐ Time Card ☐ Other:			
☐ Payroll Journal ☐ Pay Record ☐ Check Stub ☐ Other:			
☐ Cancelled Checks ☐ Other:			

COMMENTS ON DOCUMENTATION

X _____

SIGNATURE OF MONITOR

DATE

<u>Attach</u> an updated copy of *On-the-Job Training Outline and Job Description* (DWD-PO-214) for this participant.