HOURS OF VERIFICATION FORM

Participant Name:	OJT Agreement #:
Number of Hours Worked:	Hourly Rate:

For the employment period indicated above, I hereby certify I have worked and been paid for the days and hours included on the calendar below and have attached the following: Exhibit - On-The-Job Training Invoice.

Trainee Signature _____ Date _____

Employer Signature _____ Date _____

Business Services Signature _____ Date _____

Directions: Enter number of hours worked for each calendar day that falls within the training period.
[Mark "H" for Holidays and "S" for Sick Leave. SDWP will not reimburse for Holidays or Sick Leave.]

Date:	Hours:	Date:	Hours:	Date:	Hours:
Total:		Total:		Total:	

Total Hours Worked: _____