



ON-THE-JOB TRAINING REPORT OF MONITORING VISIT

CONTRACT SERVICE REPRESENTATIVE		DATE OF VISIT
SUBCONTRACTOR	CONTRACT NUMBER	INDIVIDUAL CONTACTED

I. GENERAL INFORMATION

_____ Number of employee authorized in contract	_____ Number of employees currently enrolled
_____ Number of employees started to date	_____ Number of employees interviewed this visit
_____ Number of employees who have completed training	_____ Number of employees terminated to date

II. REPORTS AND RECORDS

YES NO

File for each employee placed in or terminated from the program?

Progress Report/Invoice submitted every 30 days?

Adequate financial records are being kept to support claims for reimbursement for items in contract budget?

Do the reimbursements and days of training claimed on the monthly progress report/invoice agree with attendance and payroll records?

III. TRAINING SERVICES

YES NO

Training outline being followed?

Employee being paid at wage specified in contract?

IV. PROGRAM OPERATION

YES NO

Contractor is aware of and complying with Title VI EEOC Compliance requirements?

Equal Employment Opportunity poster in sight?

Training facilities adequate?

Training equipment adequate and available to employees?

Instructors adequate?

V. EVALUATION OF PROGRAM

Rate this program on the basis of your observation: Excellent Good Fair Poor

Action to be taken on deficiencies: Modification Termination

EMPLOYER FILE DOCUMENTATION

LOCATION OF RECORDS

RECORDS EXAMINED	DISCREPANCIES NOTED	ACTION TAKEN	COPY OBTAINED
<input type="checkbox"/> Payroll prior to beginning date of contract			
<input type="checkbox"/> Time Sheet <input type="checkbox"/> Time Card <input type="checkbox"/> _____ _____ _____			
<input type="checkbox"/> Payroll Journal <input type="checkbox"/> Pay Record <input type="checkbox"/> Check Stub <input type="checkbox"/> _____ _____			
<input type="checkbox"/> Cancelled Checks <input type="checkbox"/> _____ _____			
<input type="checkbox"/> Other _____ _____ _____			

Comments _____

Signature of Monitor: