

**FISCAL AUTHORIZATION FORM
ON-THE-JOB TRAINING (OJT) REIMBURSEMENT**

<input type="checkbox"/> WIA	<input type="checkbox"/> SPECIAL PROJECT: _____	
<input type="checkbox"/> ADULT <input type="checkbox"/> DISLOCATED WORKER	<input type="checkbox"/> ADULT <input type="checkbox"/> DISLOCATED WORKER	<input type="checkbox"/> OTHER _____

CUSTOMER NAME:	ENROLLMENT NO.:
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EMPLOYMENT SPECIALIST:	EXTENSION:
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TRAINING INFORMATION

Employer (Name & Address):	Occupation:	Training Dates: Total Training Hours: Start: Completion:
Hourly Wage:	Subsidized Hourly Wage:	Total Reimbursable Amount:

Comments: _____

TRAINING APPROVAL: Training Approved Training Not Approved

Comments: _____

Program Supervisor/Date

Officer, Workforce Development/Date

TRAINING MODIFICATIONS: Modifications Approved Modifications Not Approved

Comments: _____

Program Supervisor/Date

Officer, Workforce Development/Date