



**Request for Payment for On-the-Job Training**

SC File No: \_\_\_\_\_

Federal Aid Number: \_\_\_\_\_

Prime Contractor: \_\_\_\_\_

Contractor providing training	Trainee's Name	Social Sec. #	Classification	Hrs. Req.	Hrs. Compl	\$ Requested	<u>Either:</u> (1) Length of Time Trainee Remained with Your Firm or (2) Reason Trainee Did Not Complete Training
1. If additional space is needed, attach a second page.							
2. If the full training requirement was not filled, please attach a separate sheet explaining in detail why the full requirement was not met.							
<b>TOTAL \$ AMOUNT REQUESTED</b>							

I certify that the above information is accurate and complete: Name (signature) \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_