



OJE/OJT Letter Checklist

Date: _____

- OJE
 - Paid
 - Non-Paid
- OJT
 - Non-Paid
 - Paid
 - Private
 - State

Prepared by: _____

1. Client's Name: _____

2. Name of Company: _____

3. Address of Company: _____
Street

_____ City State Zip Code

4. Contact Person of Business: _____ Phone # _____

5. Client's Job Title: _____

6. List of Duties: _____

7. Starting Date: _____ Ending Date: _____

8. Next Pay Period Ending Date if State OJE/OJT: _____

9. Wages Per Hour: _____ Hours Per Week: _____ # of Weeks: _____

10. Total OJE/OJT Hours: _____

11. Hourly Evaluation/Training Fee if different than wage per hour: _____

12. Total Evaluation/Training Fee: _____

13. VR Specialist: _____

ADDITIONAL INFORMATION OR NOTES: