

North Country Workforce Investment Board On-Site Records Audit

Business _____ Contract # _____

Contact Person _____ Telephone _____

Name of Trainee _____ **YES** **NO**

1. Does the employee have a W-4 on file? _____

2. Does the employer have adequate documentation of hours worked?
(i.e., timesheets, payroll cards/payroll book, etc.) _____

3. Does the employer have a current workers' compensation policy? _____
If Yes, view policy: Policy Dates: _____

4. The hourly rate of pay in the contract is: \$ _____
Is the rate of pay the same or greater? \$ _____ (current pay)

5. Review a sampling of cancelled check (originals, not copies)
Does the signature on the check match the one on the W-4 and the reimbursement sheets sent to CDC? _____
Does the amount of the check agree with the amount on the CDC timesheet? _____

6. Does the employee receive time and a half pay for wages over 40 hours?
(\$ _____ hourly x 1.5 - \$ _____)

7. Are federal and state withholdings being deducted from payroll? _____
Are any other deductions (i.e., meals, uniforms, etc.) within legal limits? (support) _____
Are trainees informed prior? _____

8. Is the first day the participant appears on the payroll the same day enrolled or later?
If NO, is this an upgrade OJT? _____

9. Do sampling of OJT vouchers submitted for payment.
Period used: _____ to _____
Number of hour reimbursed _____

10. Review payroll books to see if information matches contract information
Do the hours paid agree with the hours on CDC timesheet? _____
Does the check number agree with number of the cancelled check? _____
Does the check amount agree with the net pay amount? _____

If the answer to any of the above is NO, please explain: _____

Staff Signature _____ Date _____