

## EMPLOYMENT PLAN PART 3:

### Funding Tab

**Introduction:** This section is used to obligate funding to a participant and authorize payment of services for participant.

- **Obligations** are the total amount budgeted for a participant based on an estimate of the total amount to be spent throughout the current fiscal year.
- **Authorizations** are invoices received that will be paid on behalf of a participant and are specific to services and vendors.

MontanaWORKS [Test] - Employment Plan

File Edit Navigation Options Utility Window Help

Employment Plan - PEDRINA S MESSINAROUND(999-99-9999) Plan 1 of 3 | Beverlee A. Frederick (406)444-5607

Enrollment Appropriateness Employment Plan Progress Funding Closures Case Notes

Enrollments

Fund Source, Enrollment	Available	Level	Closed
WMA BOS Adult (Oct - June) - 2007, WM	.00	WSD	<input type="checkbox"/>
WMA BOS Adult (Oct - June) - 2007, WM	.00	WSD	<input type="checkbox"/>

Obligation Plans

Level: \_\_\_\_\_

Fiscal Years: \_\_\_\_\_ Total

Obligated: \_\_\_\_\_

Available: \_\_\_\_\_

Planned End: \_\_\_\_\_

Level: \_\_\_\_\_

Fiscal Years: \_\_\_\_\_ Total

Obligated: \_\_\_\_\_

Available: \_\_\_\_\_

Planned End: \_\_\_\_\_

Total of All Obligations: .00

New Obligation

Authorizations

View By: Service  All Services

Service

Assessment Review

Basic Skills/Remediation (B.E.)

GED/HS Diploma

Authorizations

Date	Provider	Authorized	Paid	In Full	Multi
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Save Cancel

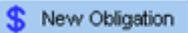
Amount obligated Record: 1/1 <OSC>

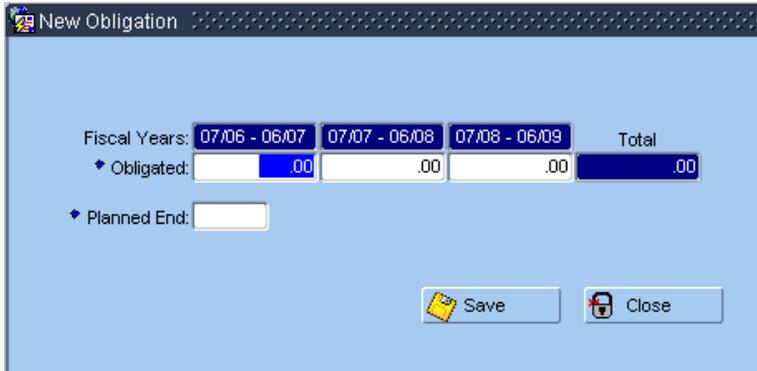
### Page Layout:

- **Fund Source, Enrollment:** Available funding per active participant enrollment
- **Obligation Plan:** Shows all obligations by agency provider
- **Total of All Obligations:** Shows the total of all obligations made by all agency providers.
- **Authorizations View By:** There are 4 options to view authorizations:
  - **Service:** Click on a service to view authorizations specific to each service
  - **Enrollment:** Click on an enrollment to view authorizations specific to each enrollment
  - **Obligation:** Click on an obligation to view authorizations specific to each obligation

- **Plan:** Click on a plan to view authorizations specific to each plan

### ***STEP ONE - CREATING AN OBLIGATION:***

1. Highlight the **Fund Source, Enrollment** to be used.
2. Click on  A pop up screen/box will appear.



Fiscal Years:	07/06 - 06/07	07/07 - 06/08	07/08 - 06/09	Total
◆ Obligated:	.00	.00	.00	.00
◆ Planned End:	<input type="text"/>			

Save Close

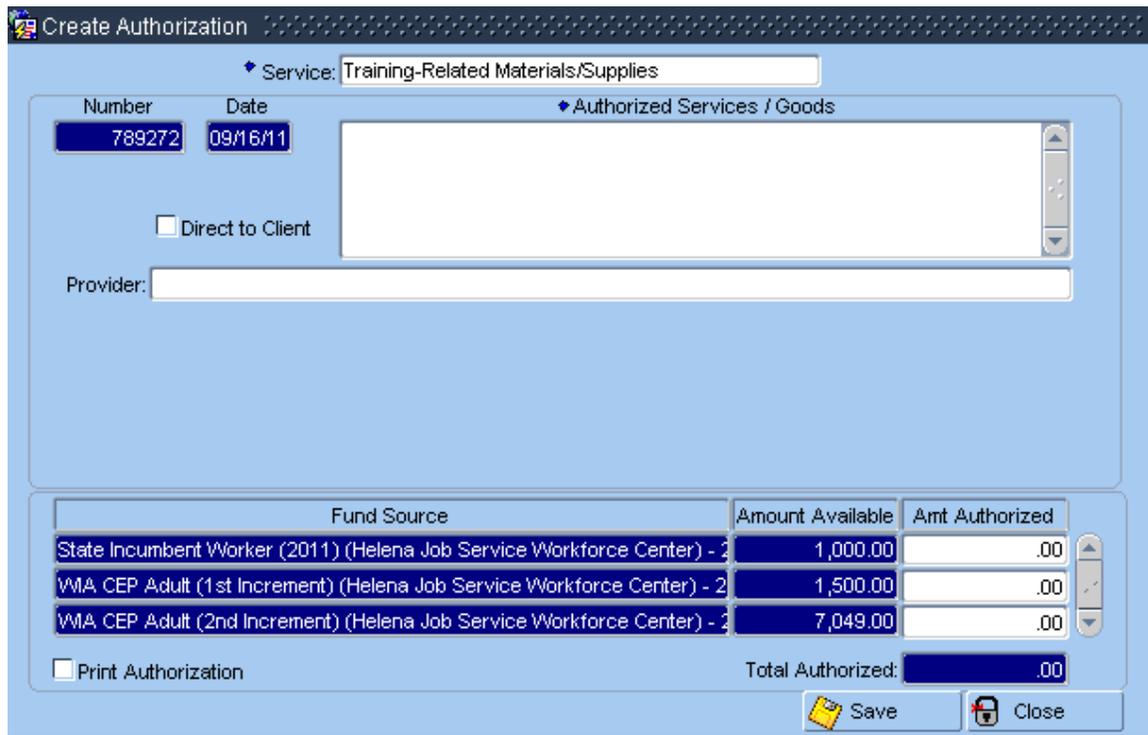
#### ***Page Layout:***

- **Obligated:** Enter amount you plan to spend on the participant for all services during the current year only.
- **Planned End:** Enter the anticipated end date using a mm/dd/yy format.
- The numbers you enter on the pop up screen will populate **Obligated** and **Planned End** on the Funding Tab screen.

\*\*Note: Once initially created, the Obligated amount and Planned End date can be changed at any time as needed as long as the participant has an active employment plan. To modify the number, type over the existing amount. All amounts obligated to the participant will reduce total availability for your office for the current fiscal year.

## ***STEP TWO - CREATING AN AUTHORIZATION:***

1. Highlight the **Service** you wish to authorize payment for.
2. Click on  A pop up screen will appear:



Fund Source	Amount Available	Amt Authorized
State Incumbent Worker (2011) (Helena Job Service Workforce Center) - 2	1,000.00	.00
WMA CEP Adult (1st Increment) (Helena Job Service Workforce Center) - 2	1,500.00	.00
WMA CEP Adult (2nd Increment) (Helena Job Service Workforce Center) - 2	7,049.00	.00

Total Authorized: .00

### ***Page Layout:***

- **Service:** Populated from highlighted service.
- **Number:** System generated.
- **Date:** System generated.
- **Authorized Services/Goods:** Type in the description of what you are paying.
- **Direct to Client:** Check this box if check is to be paid to participant.
- **Provider:** Double click and choose the vendor to be paid. If the Vendor is not on the list, then email [DLIWSDW9INPUT@mt.gov](mailto:DLIWSDW9INPUT@mt.gov)
- **Fund Source:** List of available obligations.
- **Amt Authorized:** Amount to be paid from invoice or other backup documentation. A single invoice can be paid using more than one fund source on the same authorization.
- **Print Authorization:** Check this box to print the authorization form to be signed and sent to the vendor as proof we will pay for the service.

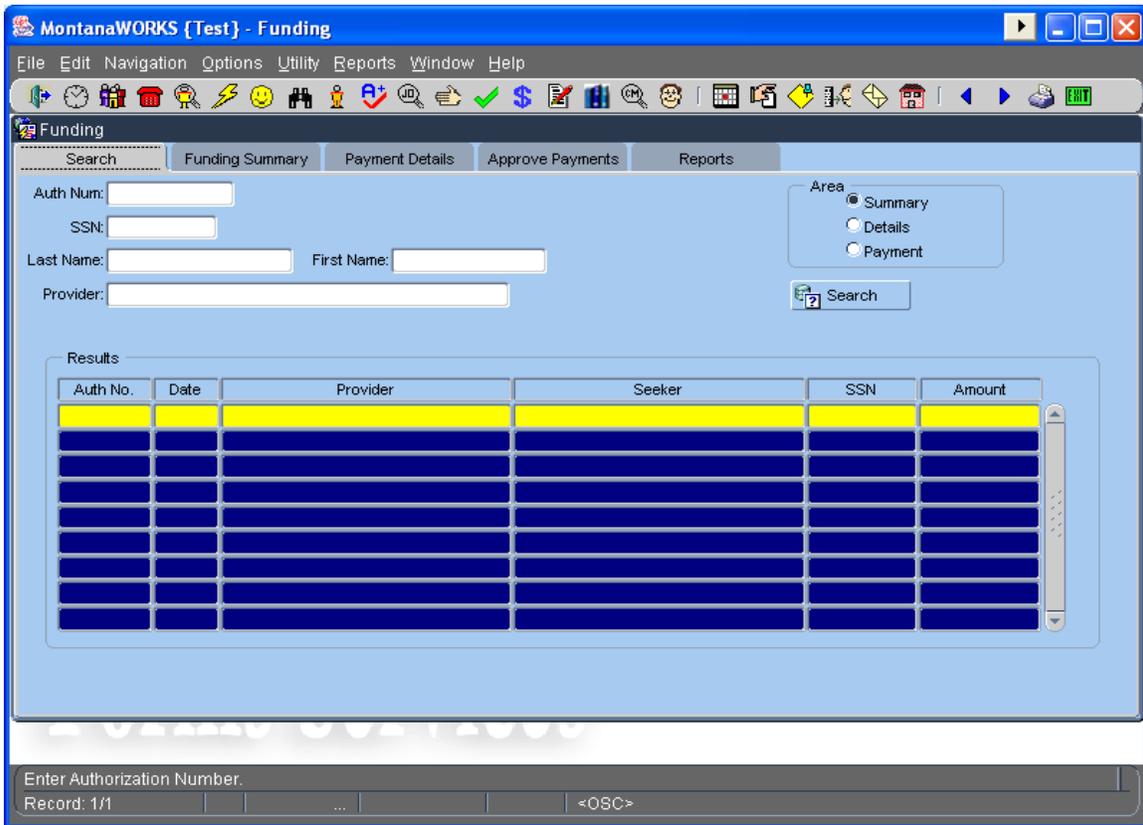


### **STEP THREE - MAKE A PAYMENT**

To make a payment, navigate to the payment area through the menu dropdown - Navigation / Funding

#### **Search Tab**

**Introduction:** This tab allows you to search for authorizations made. See Employment Plan – Funding section on how to set up obligations and authorizations.



#### **Page Layout:**

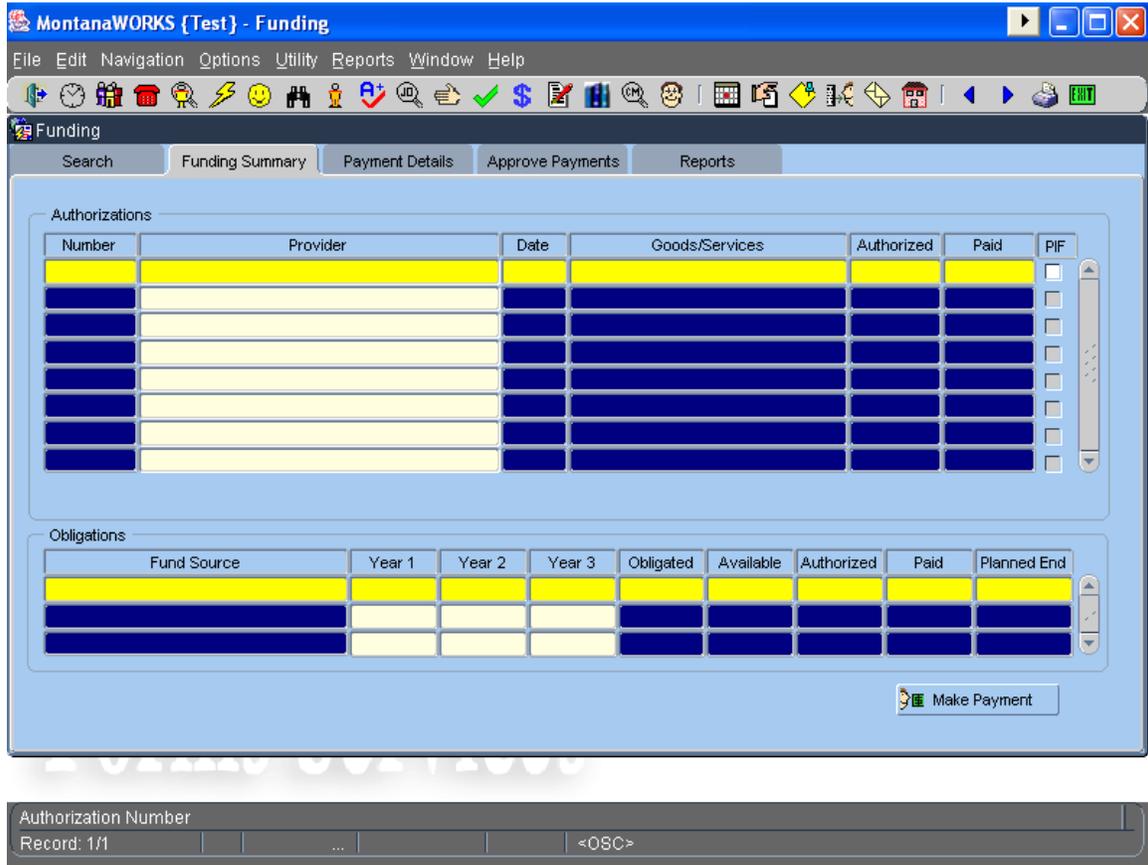
You can search using one or more of the following:

- **Auth Num:** Enter the authorization number generated from the Employment Plan/Funding area when you created the authorization
- **SSN:** Social Security Number of Participant
- **Last Name:** Last name of Participant
- **First Name:** First name of Participant
- **Provider:** Vendor name
- **Area** - This area is used specific for a search on an auth number.
  - Summary – takes you to the Funding Summary tab
  - Details - takes you to the Payment Details tab
  - Payment – takes you to the Payment pop up screen (same as Make a Payment button)

- Click on  Search You will be taken to the Funding Summary Tab.

**Funding Summary Tab**

**Introduction:** This tab summarizes all authorizations made on behalf of a participant.



**Page Layout:**

**Authorizations** – information populated from the authorization screen.

- **Number:** Authorization number
- **Provider:** Vendor name
- **Date:** Date of authorization
- **Goods/Services:** Description of service
- **Authorized:** Amount authorized
- **Paid:** Amount paid
- **PIF:** Paid in Full – can be checked and unchecked here

\*\*Note: If you double-click on an authorization, it will take you to the Payment Details Tab.

**Obligations** – information populated from the Obligation Plan for the participant

- **Fund Source:** Funding obligated to participant
- **Year 1, Year 2, Year 3:** Year in which funds are obligated
- **Obligated:** Total amount obligated to participant

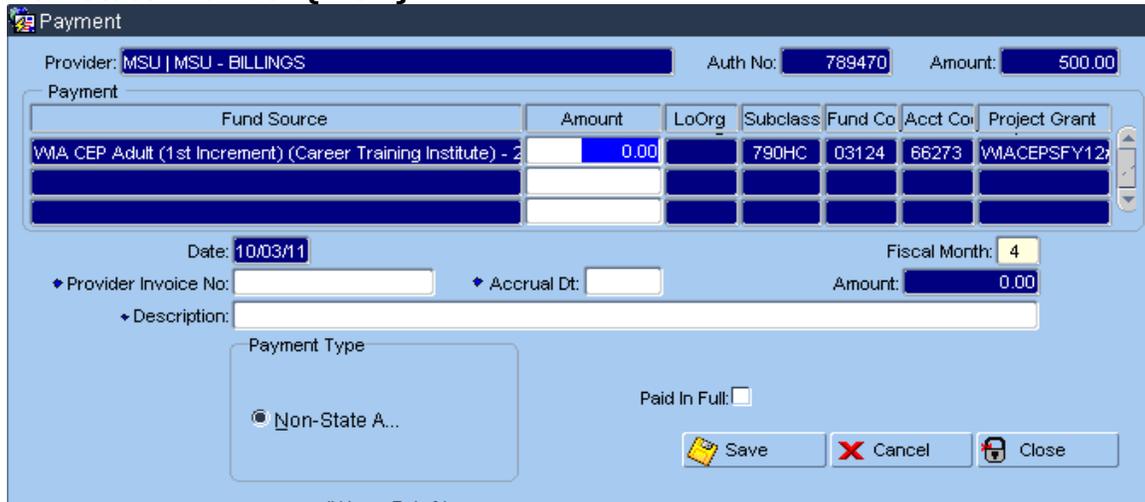
- **Available:** Amount of obligation not yet authorized
- **Authorized:** Total amount authorized
- **Paid:** Total amount paid
- **Planned End:** Planned End date of obligation

## Making the Payment

**Introduction:** This describes how to make a payment.

- **Click on**  A pop up screen will appear:

### Non-State Provider {View}



Payment

Provider: MSU | MSU - BILLINGS      Auth No: 789470      Amount: 500.00

Fund Source	Amount	LoOrg	Subclass	Fund Co	Acct Co	Project Grant
WIA CEP Adult (1st Increment) (Career Training Institute) - 2	0.00		790HC	03124	66273	WMACEPSFY12

Date: 10/03/11      Fiscal Month: 4

Provider Invoice No:      Accrual Dt:      Amount: 0.00

Description:

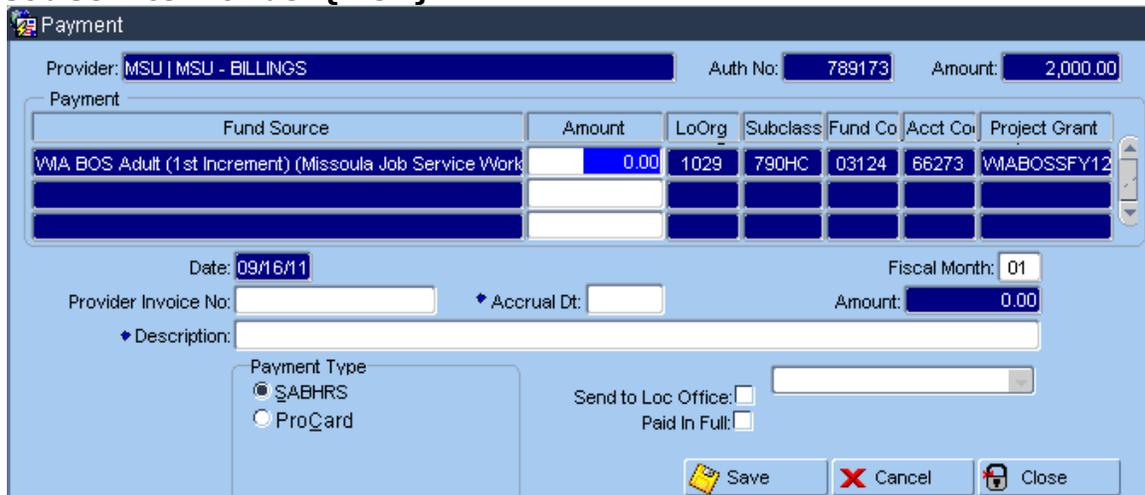
Payment Type

Non-State A...

Paid In Full:

Save      Cancel      Close

### Job Service Provider {View}



Payment

Provider: MSU | MSU - BILLINGS      Auth No: 789173      Amount: 2,000.00

Fund Source	Amount	LoOrg	Subclass	Fund Co	Acct Co	Project Grant
WIA BOS Adult (1st Increment) (Missoula Job Service Work	0.00	1029	790HC	03124	66273	WMABOSSFY12

Date: 09/16/11      Fiscal Month: 01

Provider Invoice No:      Accrual Dt:      Amount: 0.00

Description:

Payment Type

SABHRS

ProCard

Send to Loc Office:      

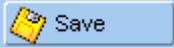
Paid In Full:

Save      Cancel      Close

### Page Layout:

- All dark blue boxes are pre-populated from other screens.
- **Provider:** Vendor name
  - **Auth No:** Authorization number
  - **Amount (upper right corner):** Authorized amount
  - **Payment Info:** Fund source payment coding
  - **Date:** Date payment is made
- All white boxes must be completed.
- **Amount:** Amount to be paid

- **Provider Invoice No:** Invoice number
- **Accrual Dt:** Date of invoice
- **Description:** Description of service being paid
- **Payment Type:** Choose the appropriate type for your office
  - SABHRS – used by Job Service offices to issue a check/EFT
  - ProCard – payments made using a procard
  - Non-State Agency – used by non-state agencies
- **Send to Loc Office:** Job Services click this box if the check is to be sent to their office address
- **Paid In Full:** Check this box if invoice is paid in full

Click Save  to process the payment.

## Payment Details Tab

**Introduction:** This tab summarizes payment information to a vendor.

The screenshot shows the 'MontanaWORKS (Production) - Funding' application window. The 'Payment Details' tab is active. The interface includes the following elements:

- Provider:** A text field containing a vendor name.
- Authorization:** A text field containing an authorization number.
- Date:** A date field.
- Void:** A checkbox.
- Authorized:** A text field containing the authorized amount.
- Paid:** A text field containing the amount paid.
- Payment Details Table:** A table with columns: Date, Month, Invoice Number, Description, Amount, WSD, SABHRS Code, and Void. The first row is highlighted in yellow.
- Fund Source Table:** A table with columns: Fund Source, Amount, Lo-org, Subclass, Fund Code, Acct Code, and Project Grant.
- Footer:** A status bar showing 'Date of Payment' and 'Record: 1/1'.

### Page Layout:

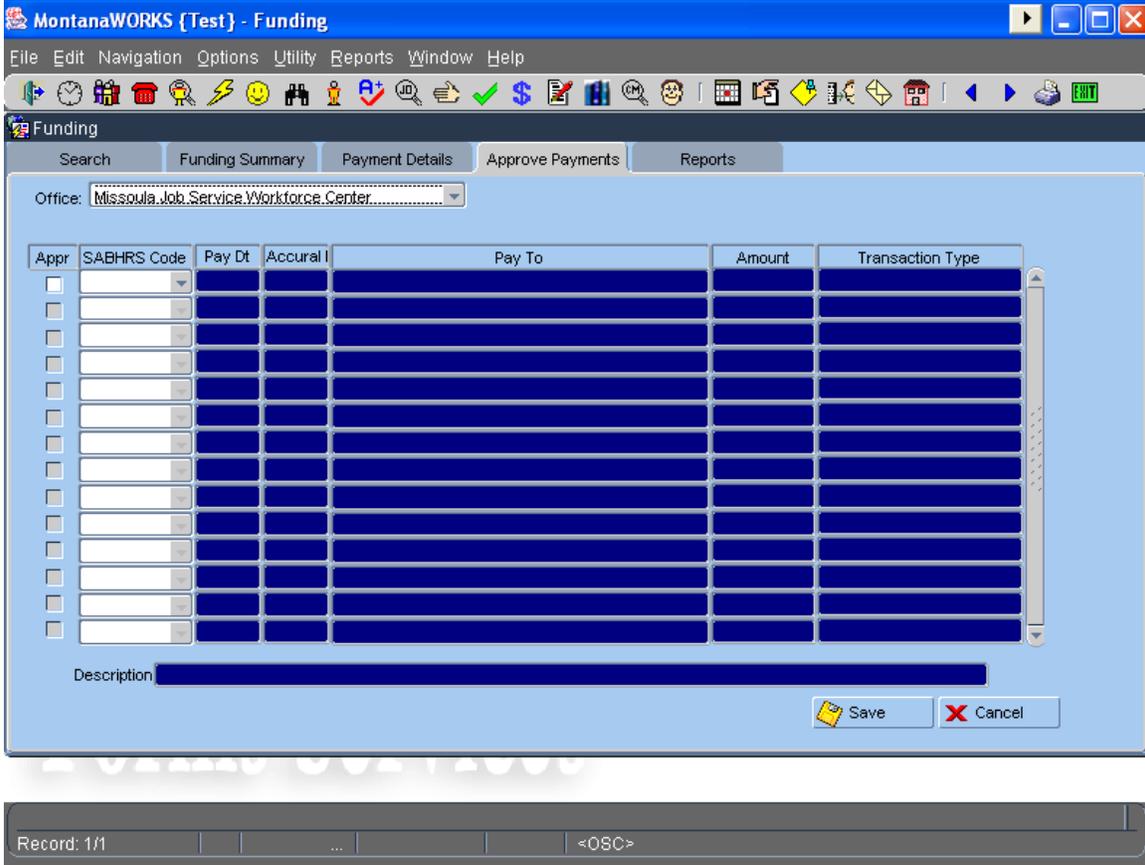
All boxes are populated with data from other screens.

- **Provider:** Vendor name
- **Authorization:** Authorization number
- **Date:** Authorization date
- **Void (top):** Pre-populated when **authorization** is voided
- **Authorized:** Amount authorized
- **Paid:** Amount paid
- **Payment Details**
  - **Date:** Payment date
  - **Month:** Fiscal month (July is 1, August is 2, etc)
  - **Invoice Number:** Vendor invoice number
  - **Description:** Description of service being paid
  - **Amount:** Paid amount
  - **WSD:** Pre-populated from choosing "Send to Local Office" button.
  - **SABHRS Code:** Payment Type chosen
  - **Void (right side):** Check this box if you want to void or delete the **payment**.

**\*\* NOTE: Job Service Staff MUST contact Central Office to void or delete.**

### Approve Payments Tab

**Introduction:** This tab is used by Job Service staff to approve payments for interfacing with SABHRS (state accounting system).



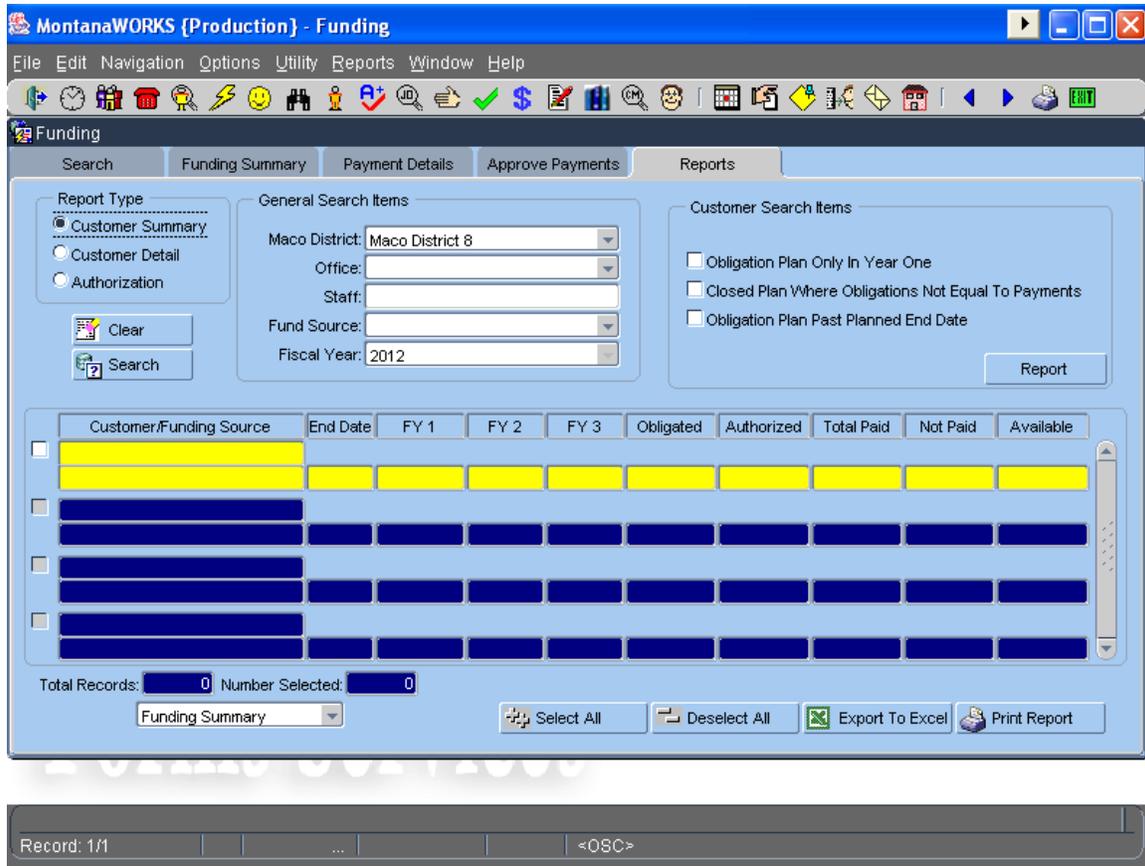
### Page Layout:

- **Appr:** Click this box if payment is accurate and ready for approval. Please verify the following items have been reviewed prior to clicking this box:
  - **Fund Source**
  - **Service**
  - **Amount**
  - **Vendor**
  - **Back-up Documentation**

**\*\* NOTE: The individual who initiated the payment will not be allowed to also approve the payment.**

## Reports Tab

**Introduction:** This tab is used to run current year participant fiscal reports.



### Page Layout:

- **Report Type:** Choose one of the following:
  - **Customer Summary:** Summarizes participant’s obligations and authorization information
  - **Customer Detail:** Provides detailed information regarding authorizations, including vendor information
  - **Authorization:** Lists all participant authorizations.
- **General Search Items:** Choose one or more of the following:
  - **Maco District:** Defaults to provider’s district
  - **Office:** Select provider office
  - **Staff:** Double click to select from the drop down list
  - **Fund Source:** Select fund source or leave blank for all
  - **Fiscal Year:** Defaults to current year only

## Customer Summary Report

### Customer Summary Report

Customer Name		Staff Name:								
ACKLEY, ERINN C I		Christine Wilhelm (406)444-3351								
<u>Fund Source Name</u>	<u>End Date</u>	<u>YR1</u>	<u>YR2</u>	<u>YR3</u>	<u>Obligated</u>	<u>Authorized</u>	<u>Paid</u>	<u>Not Paid</u>	<u>Available</u>	
State Incumbent Worker (2011)	06/12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
<b>Customer Totals:</b>		<b>FY1</b>	<b>FY2</b>	<b>FY3</b>	<b>Obligated</b>	<b>Authorized</b>	<b>Paid</b>	<b>Not Paid</b>	<b>Available</b>	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Customer Name		Staff Name:								
ADAMS, JON W I		Candi Curriero (406)443-0800								
<u>Fund Source Name</u>	<u>End Date</u>	<u>YR1</u>	<u>YR2</u>	<u>YR3</u>	<u>Obligated</u>	<u>Authorized</u>	<u>Paid</u>	<u>Not Paid</u>	<u>Available</u>	
WIA DW CEP (1st Increment)	06/13	200.00	0.00	0.00	200.00	200.00	0.00	200.00	0.00	
WIA CEP Adult (1st Increment)	05/14	300.00	0.00	0.00	300.00	300.00	0.00	300.00	0.00	
<b>Customer Totals:</b>		<b>FY1</b>	<b>FY2</b>	<b>FY3</b>	<b>Obligated</b>	<b>Authorized</b>	<b>Paid</b>	<b>Not Paid</b>	<b>Available</b>	
		500.00	0.00	0.00	500.00	500.00	0.00	500.00	0.00	

## Customer Detail Report

### Customer Detail Report

Customer:		Staff:		Office:						
PALMER, DELBERT D		Bradley Wiles (406)447-3228		Helena Job Service Workforce Center						
<u>Fund Source</u>	<u>End Dt</u>	<u>FY1</u>	<u>FY2</u>	<u>FY3</u>	<u>Obligated</u>	<u>Authorized</u>	<u>Paid</u>	<u>Not Paid</u>	<u>Available</u>	
WIA DW CEP (1st Increment)	06/12	200.00	0.00	0.00	200.00	200.00	0.00	200.00	0.00	
<u>Auth Num</u>	<u>Date</u>	<u>Provider Name</u>			<u>Authorized</u>	<u>Paid</u>	<u>In Full</u>			
772779	07/26/11	UNIVERSITY OF MONTANA   HELENA COLLEGE OF TECHNOLOGY			200.00	0.00				
<b>Customer Totals:</b>		<b>FY1</b>	<b>FY2</b>	<b>FY3</b>	<b>Obligated</b>	<b>Authorized</b>	<b>Paid</b>	<b>Not Paid</b>	<b>Available</b>	
		200.00	0.00	0.00	200.00	200.00	0.00	200.00	0.00	

## Authorization Report (open authorizations)

### Authorization Report

Customer Name	Auth Num	Provider	Date	Amt Auth	Amt Paid	In Full	Staff Name	Office
PALMER, DELBERT D	772779	UNIVERSITY OF MONTANA   HELENA COLLEGE OF TECHNOLOGY	07/26/11	200.00	0.00		Bradley Wiles	Helena Job Service Workforce Center
PERRY, CHERYL L	772982	UNIVERSITY OF MONTANA   HELENA COLLEGE OF TECHNOLOGY	07/27/11	200.00	0.00		Deb Smith	Helena Job Service Workforce Center

**Authorization Report (closed authorizations)**

**Authorization Report**

Customer Name	Auth Num	Provider	Date	Amt Auth	Amt Paid	In Full	Staff Name	Office
FRANKLIN III, FLOYD A	781278	ORANGE STREET FOOD FARM INC   ORANGE STREET FOOD FARM INC	08/05/11	75.00	75.00	Y	Deb Smith	Helena Job Service Workforce Center
GRAY, DEBRA L	766673	KNAPP INSURANCE AGENCY, INC   KNAPP INSURANCE AGENCY, INC	07/18/11	156.50	148.84	Y	Bradley Wiles	Helena Job Service Workforce Center

**Authorization Report (open authorizations on closed plans)**

**Authorization Report**

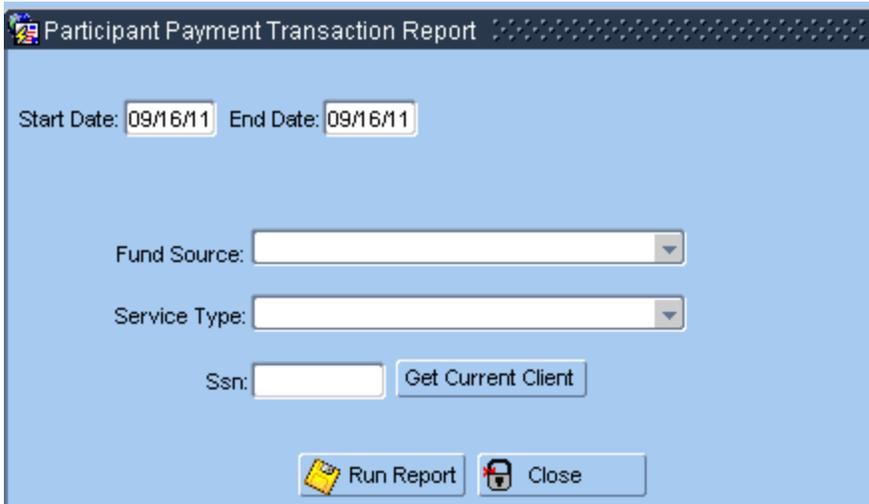
Customer Name	Auth Num	Provider	Date	Amt Auth	Amt Paid	In Full	Staff Name	Office
CLARK, BEVERLY A	135324	JOLLY O'S GAS & GO   JOLLYOS GAS N GO	06/24/08	50.00	0.00			
DETIENNE, JESSICA M	135311	J C PENNEY CO   J C PENNEY CO	06/24/08	37.21	0.00	N		
EMERSON, KATRINA J	655771	A & A TECHNICAL REPAIR   A & A TECHNICAL REPAIR	01/13/11	200.00	182.08		Karen Ralph	Anaconda Job Service Workforce Center

## Financial Reports

**Introduction:** Reports used to track payment data by participant or vendor.

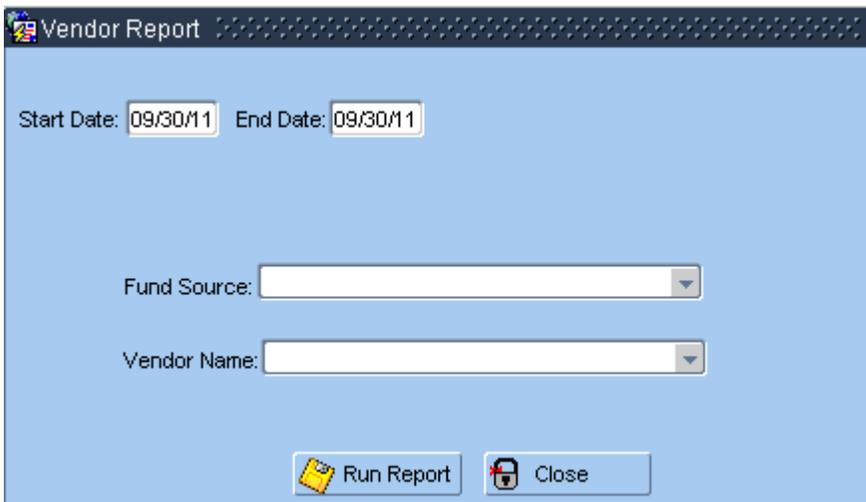
Navigate to the report area through the menu dropdown. Click on Report / Financial and choose from the following:

- **Participant Payment Transaction:** Summarizes by Office and Fund Source, the payments made for each participant.



The screenshot shows a web application window titled "Participant Payment Transaction Report". At the top, there are two date input fields: "Start Date: 09/16/11" and "End Date: 09/16/11". Below these are two dropdown menus: "Fund Source:" and "Service Type:". Underneath the dropdowns is an "Ssn:" input field followed by a "Get Current Client" button. At the bottom of the form are two buttons: "Run Report" (with a floppy disk icon) and "Close" (with a window icon).

- **Vendor Report:** Lists all participant payments made to a Vendor by Office.



The screenshot shows a web application window titled "Vendor Report". At the top, there are two date input fields: "Start Date: 09/30/11" and "End Date: 09/30/11". Below these are two dropdown menus: "Fund Source:" and "Vendor Name:". At the bottom of the form are two buttons: "Run Report" (with a floppy disk icon) and "Close" (with a window icon).

**Participant Payment Transaction Report**

Department Of Labor & Industry  
Participant Payment Transactions  
Report For the Period 07/01/11 to 09/16/11

Local Office: Helena Job Service Workforce Center

Fund Source Name: OJT - NEG

Participant: HAMLIN, MICHAEL

SSN: XXX-XX-1542

Vendor	Authoriz #	Sabhrs Check	Sabhrs Code	Service Type	State Fiscal Yr	Paid Date	Paid Amt
MONTANA CITY PLUMBING & HEATING	764670	0021808519	Sabhrs	On-the-Job Training	2012	07/19/11	\$ 2,717.01
MONTANA CITY PLUMBING & HEATING	781275	0021882185	Sabhrs	On-the-Job Training	2012	08/05/11	\$ 2,440.67

Total: \$ 5,157.68

Participant: MADERA, ANGEL

SSN: XXX-XX-3058

Vendor	Authoriz #	Sabhrs Check	Sabhrs Code	Service Type	State Fiscal Yr	Paid Date	Paid Amt
MONTANA RV CENTER LLC	765170	0021809324	Sabhrs	On-the-Job Training	2012	07/18/11	\$ 1,094.25
MONTANA RV CENTER LLC	787071	0021904092	Sabhrs	On-the-Job Training	2012	08/26/11	\$ 770.00

Total: \$ 1,864.25

Grand Total: \$7,021.93

**Vendor Report**

Department Of Labor & Industry  
Vendor Report  
Report For the Period 08/01/11 to 09/16/11

Vendor: AGAPE HOME CARE, INC.

Local Office: Helena Job Service Workforce Center

Name: INGA LAKE

Ssn: XXX-XX-7130

Service Type	Fund Source Name	Authorization Num	Paid Amt
Skills Upgrade & Retraining	State Incumbent Worker (2011)	788297	\$ 125.00
Transportation	State Incumbent Worker (2011)	788298	\$ 545.60
<b>Client Total:</b>			<b>\$ 670.60</b>

Name: JULIE BRUBAKER

Ssn: XXX-XX-8567

Service Type	Fund Source Name	Authorization Num	Paid Amt
Skills Upgrade & Retraining	State Incumbent Worker (2011)	788293	\$ 125.00
Transportation	State Incumbent Worker (2011)	788294	\$ 238.00
<b>Client Total:</b>			<b>\$ 363.00</b>

Name: KATHRYN FRASER

Ssn: XXX-XX-1771

Service Type	Fund Source Name	Authorization Num	Paid Amt
Skills Upgrade & Retraining	State Incumbent Worker (2011)	788295	\$ 125.00
<b>Client Total:</b>			<b>\$ 125.00</b>

Name: WANDA UELAND

Ssn: XXX-XX-9948

Service Type	Fund Source Name	Authorization Num	Paid Amt
Skills Upgrade & Retraining	State Incumbent Worker (2011)	788299	\$ 125.00
<b>Client Total:</b>			<b>\$ 125.00</b>

Vendor Total: \$ 1,283.60

Continue with 'WIOA Employment Plan Part 4.'

