TENCO WORKFORCE DEVELOPMENT AREA

**FOLLOW-UP VERIFICATION DOCUMENTATION**

# WIOA Performance Measures:

**Adult** **[ ]  Dislocated Worker** **[ ]  Youth[ ]  NEG****[ ]  Trade****[ ]  Incumbent Worker****[ ]  OJT****[ ]  Customized Training[ ]**

**Last Name First Name KY#**

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**FOLLOW-UP VERIFICATION DOCUMENTATION – 1st Quarter**

**EKOS Exit Date Employer:**

**Employer’s Address: \*Position & Job Description:**

**Employer’s Phone #: Date Employed:**

**Educational Functioning Level Gain – client was below the postsecondary level and enrolled in postsecondary education and training during the program year (A program below the postsecondary level applies to clients enrolled in a basic ed program) Yes [ ]  No[ ]**

**\*\*Youth: Enrolled in Sec Ed program at program entry: Yes [ ]  No[ ]**

**The information recorded by me on this document was obtained through:**

**Telephone [ ]  Contact with**   **Personal contact with the participant [ ]**

**Letter to the participant** **[ ]  Questionnaire to the participant** **[ ]  Questionnaire to the employer** **[ ]**

**Comments:**

**Exclusions with backup documentation per policy # 21: Please specify -** Incarcerated[ ]  Deceased[ ]  Medical[ ]  Military[ ]  Foster Care (Youth Only)[ ]

Reason for Exclusion:

# Authorized Staff Signature Date

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**FOLLOW-UP VERIFICATION DOCUMENTATION – 2nd Quarter**

**EKOS Exit Date EKOS - Follow-up Svs entered Yes [ ]  No[ ]**

**Employer:**

**Employer’s Address: \*Position & Job Description:**

 **Date Employed: Hourly Wage: Hours per Week:**

**\*\*YOUTH: Enrolled in secondary ed, postsecondary ed or occupational skills including adv training during 2nd Qtr: Yes [ ]  No [ ]**

**The information recorded by me on this document was obtained through: TEGL 26-16 – Pg 7 – minimum of 2 Pay Stubs**

**Comments:**

**Exclusions with backup documentation per policy # 21: Please specify -** Incarcerated[ ]  Deceased[ ]  Medical[ ]  Military[ ]  Foster Care [ ]

Reason for Exclusion:

# Authorized Staff Signature Date

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**FOLLOW-UP VERIFICATION DOCUMENTATION – 3rd Quarter**

**EKOS Exit Date Employer:**

**Employer’s Address: \*Position & Job Description:**

**Employer Phone #: Date Employed: Hrly Wage: Hrs per Week:**

**Comments:**

**The information recorded by me on this document was obtained through:**

**Telephone [ ]  Contact with Personal contact with the participant [ ]**

**Letter to the participant [ ]  Questionnaire to the participant [ ]  Questionnaire to the employer [ ]**

**Comments:**

**Exclusions with backup documentation per policy # 21: Please specify -** Incarcerated[ ]  Deceased[ ]  Medical[ ]  Military[ ]  Foster Care (Youth Only)[ ]

Reason for Exclusion:

# Authorized Staff Signature Date

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 **FOLLOW-UP VERIFICATION DOCUMENTATION – 4th Quarter**

**EKOS Exit Date Employer:**

**Employer’s Address: \*Position & Job Description:**

**Employer Phone #: Date Employed: Hrly Wage: Hrs per Week:**

**\*\*YOUTH: Enrolled in secondary ed, postsecondary ed or occupational skills including adv training during 2nd Qtr: Yes [ ]  No [ ]**

**\*Clients who were enrolled in an education or training program who attain a postsecondary credential or a sec school diploma or its equivalent (excluding those in OJT & customized training) Sec school diploma or equivalent positive only if the client also is employed or is enrolled in education or training program within 1 yr after exit)**

**Received postsecondary credential: Yes [ ]  No[ ]  Received secondary school diploma/or equivalent Yes [ ]  No[ ]**

**The information recorded by me on this document was obtained through: TEGL 26-16 – Pg 7 – minimum of 2 Pay Stubs**

**Telephone [ ]  Contact with Personal contact with the participant [ ]**

**Letter to the participant [ ]  Questionnaire to the participant [ ]  Questionnaire to the employer [ ]**

**Comments:**

**Exclusions with backup documentation per policy # 21: Please specify -** Incarcerated[ ]  Deceased[ ]  Medical[ ]  Military[ ]  Foster Care (Youth Only)[ ]

Reason for Exclusion:

# Authorized Staff Signature Date