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#**

**BD21448_**

**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

**BD21448_**

**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

**BD21448_**

**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

**BD21448_**

**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