**TENCO Workforce Development Area**

**Request for Exit Worksheet/Performance Documentation**

**Date of Request:**

Youth[ ]  Adult**:**[ ]  Dislocated Worker[ ]  Trade[ ]  NEG[ ]  OJT[ ]  Incumbent Worker[ ]

**Date of Last Activity in KEEs:**

**Counselor:**

**Name:**

**Workforce Case#:**

**Received training services:** Yes[ ]  No[ ]  **Received credential:** Yes[ ]  No[ ]

**Program of study:**

**Name of School:**

**Graduation Date:**

**Term Reason:**

**If employed at exit:Name of employer:**

**Job title:**

**\*\*\*If the participant is not employed - KEEs case notes will reflect job search assistance, etc. each quarter.**

**Exclusions with backup documentation per policy # 21: Please specify**

Institutionalized[ ]  Incarcerated[ ]  Deceased[ ]

Medical[ ]  Military[ ]  Foster Care (Youth Only)[ ]

\*Once I receive the required information – I will exit in KEEs and notify the counselor.

Participant has been: approved [ ]  denied[ ]

KEEs needs the following revisions: Click here to enter text.

**Financial:**All funding streams provided to the client during the training program: Click here to enter text.