**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.