

## Region 4 Workforce Board Supplemental Data Policy-Adult

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**PURPOSE:** Under the Workforce Innovation and Opportunity Act (WIOA), many of the performance standards are calculated using available UI wage records from DWD. However, for a variety of reasons, UI wage record information is not available on some clients. When this happens, WIOA provides an opportunity to collect supplemental data which can be utilized to verify program outcomes for these clients. The purpose of this standard practice is to establish procedures for collecting and reporting information that can be used to supplement UI wage records for calculating WIOA performance.

**REFERENCES:** Workforce Innovation and Opportunity Act Section), DWD Memorandums on Interim Eligibility for Youth and Adults/DW, and TEGL 26-16

### Standard Practices

1. When client has entered unsubsidized employment staff will complete the case closure screen and update the employment information. If employment is out-of-state or believed to be non-covered employment to where UI data may not be available, staff will use the following when attempting to gather supplemental data for employment. At least one of the following forms of documentation will be collected for each individual:
  - UI wage records from another state (if the individual was placed in another state and the wage information is available);
  - a letter or document from the employer at which the individual worked which includes information on the dates the individual worked (wage information can be collected as well but is not required);
  - any employer-generated record which the individual can request and forward to staff which includes information on the dates the individual worked (wage information can be collected as well but is not required);
  - a case note which includes notes of a conversation with the employer and which verifies employment in the proper time period (data recorded in the Follow-Up Contacts Screens shall serve as case notes for data validation documentation purposes); or
  - a copy of a paycheck stub which confirms employment in the proper time period; or
  - Employment Confirmation form or reasonable facsimile; or
  - Agency Verification form or reasonable facsimile
  
2. For self-employed individuals on the listing, at least one of the following forms of documentation must be collected for each individual:
  - copies of tax records or payments which include estimated or actual wages during the proper time period;
  - copies of paycheck stubs if the self-employed individual pays themselves an actual paycheck as part of their business; or,
  - a letter from the self-employed individual which includes information on the amount of work performed during the proper time period (wage information can be collected as well but is not required).

Effective: July 2017

ICC screens that must be completed for supplemental wage data are below:

Click on Create Closure

☐ Closure	N/A
<a href="#">Create Closure</a>	

Enter "yes" for entered employment. Click on Add Employer.

**Employment Information**

\* **Entered Employment:**

No employers available.

[\[ Add Employer \]](#)

If employment has been added earlier you may click on "search individual employment history". If employment has not been added earlier you may add information in this screen. You must verify the employer name in order for it to count in supplemental wages.

**Add/Edit Employer**

**Employer Information**

[Search Individual Employment History](#) | [Select from Internal Job Order/Placement](#)

\* **Employer Name:**

**Verify Employer Name:** [\[ Verify \]](#) | [Scan](#) | [Upload](#) | [Link](#)

**Employer FEIN:**

**Address Line 1:**

**Address Line 2:**

**City:**

See Data Validation charts from DWD Memorandum on Interim Eligibility for Youth and Adults/DW

## Employment Confirmation

Employer Name	Employer Address	Telephone Number
Customer Name	Social Security # (last 4 digits)	Staff Signature/Date  Fax #

Dear Employer:

WorkOne West Central is a grantee of the U.S. Department of labor under the Workforces Investment Act (WIOA). We provide training and other employment assistance to eligible individuals to enhance their employability and long term career goals.

The customer named above was enrolled in our program and benefited from WIOA services. We are required by regulation to report customers' employment information and provide follow-up services to them for a period of twelve months. Please take a moment to complete the section below on this form, and return it to us in the envelope provided or fax to the number listed above. Attached is release of information form.

Should you have any questions, please contact our office at the telephone number listed above.

Thank you for your assistance.

<b>This section to be completed by Employer</b>	
Employment Begin Date: ____/____/____    Occupation or Job Title _____	
Beginning Hourly Wage: \$ _____    Current Hourly Wage: \$ _____	
Hours Worked per Week _____	
Benefits Available:	
Health Benefits Provided <input type="checkbox"/> Yes <input type="checkbox"/> No	Telework <input type="checkbox"/> Yes <input type="checkbox"/> No
Vacation <input type="checkbox"/> Yes <input type="checkbox"/> No	Customized Employment <input type="checkbox"/> Yes <input type="checkbox"/> No
Sick Leave <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Sharing <input type="checkbox"/> Yes <input type="checkbox"/> No
Flexible Work Schedule <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No
If not longer employed, last day worked: ____/____/____	
Comments:	

\_\_\_\_\_  
Signature of Employer Representative

\_\_\_\_\_  
Title

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

## Employer/Agency Verification

Applicant Name: \_\_\_\_\_

SSN (last 4 digits) \_\_\_\_\_

Information to be verified:

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Telephone Contact

Visual Inspection

Verifying Employer/Agency: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Phone Number)

Person Contacted: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Position)

Date and Time of Contact: \_\_\_\_\_

Case or ID Number: \_\_\_\_\_

Response:

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I attest that the information recorded by me on this document was obtained through telephone contact or document inspection on the above date.

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_