

Region 4 Workforce Board Supplemental Data Policy-Adult and Youth

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 17-05 change 1

Standard Practices

1. When client is exited from Occupational Skills training staff will complete exit screen information in TrackOne and verify employment status. 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 individual or 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).

3. For certain youth customers, supplemental data may also be utilized to support youth retention in post-secondary activities, the military, or in approved apprenticeship programs. When this is necessary, the case manager must contact the post-secondary institution, the military, or the apprenticeship program to verify that that the youth is actively engaged in one of these activities in the required time period. Documentation of this fact should be recorded in case notes in the customer's file.

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

EFFECTIVE DATE: July 1, 2015

Region 4 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.

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

_____ / _____ / _____

Signature of Employer Representative

Title

Date

Region 4 Agency Verification

Applicant Name: _____

SSN (last 4 digits) _____

Information to be verified:

Telephone Contact

Visual Inspection

Verifying Agency: _____
(Name)

(Phone Number)

Person Contacted: _____
(Name)

(Position)

Date and Time of Contact: _____

Case or ID Number: _____

Response:

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: ____/____/____