

Workforce Innovation and Opportunity Act (WIOA) Post Exit Follow-up Employer Verification Form

TO WHOM IT MAY CONCERN:

I, _____, was a participant on the WIOA program. One of the ways to ensure that the program is meeting performance is the reporting of wages I received after leaving the WIOA program. This is my authorization for you to release information concerning my income that I received during the timeframe listed below. Please return this form to the address shown below as soon as possible.

Employee's Signature

AJL Participant ID #

GROSS WAGE EARNINGS

Gross income from: _____ thru _____ \$ _____

Employee's Hourly Wage: \$ _____ Part-time Full-time

Employee's Start Date: _____ End Date: _____

Employee's Job Title: _____

Signature Date

Job Title

Company Name

Telephone Number

Please return the completed form to:

Arkansas Workforce Center - WIOA

Tele: _____

Fax: _____