



# WORKFORCE INVESTMENT ACT FOLLOW-UP INFORMATION

Subgrantee Name
01 Application Number
02 Agency Code
Social Security Number

Last Name		First Name / Middle Initial	
<b>03 Follow-up Type (After Exit)</b> 1 30 Day 2 60 Day 3 1 <sup>st</sup> Quarter 4 2 <sup>nd</sup> Quarter 5 3 <sup>rd</sup> Quarter 6 4 <sup>th</sup> Quarter		Follow-up Date	<b>04 Interview Date</b>
<b>05 Follow-up Result</b> 01 Complete: All Questions 02 Complete Interview: Missing Data 03 Respondent Never Located 04 Located but Never Available 05 Informant Refused for Respondent		<b>06 Labor Force Status</b> 1 Employed Full-Time 2 Employed Part-Time 3 Unemployed 4 Not In Labor Force 5 Status Unknown	
<b>07 Supplemental Data Verified Employment Status First Quarter after Exit</b> 1 Employed 2 Not Employed 3 Not Applicable		<b>08 Supplemental Data Verified Employment Status Second Quarter after Exit</b> 1 Employed 2 Not Employed 3 Not Applicable	
<b>10 Date Degree or Certificate Attained</b>		<b>09 Supplemental Data Verified Employment Status Third Quarter after Exit</b> 1 Employed 2 Not Employed 3 Not Applicable	
<b>11 Type of Degree or Certificate Attained</b> 1 High School Diploma 2 Equivalency / GED 3 AA or AS Diploma/Degree 4 BA or BS Diploma/Degree 5 Occupational Skills License 6 Occupational Skills Certificate or Credential 7 Other			
<b>12 Continuing in Post-Secondary Education</b> 1 Yes 2 No		<b>13 Continuing in Advance Training</b> 1 Yes 2 No	
<b>14 In Military Service</b> 1 Yes 2 No	<b>15 In Qualified Apprenticeship</b> 1 Yes 2 No	<b>16 Weeks Employed</b>	<b>17 With Exit Employer</b> 1 Yes 2 No
<b>18 Actual Hours Worked</b>			
<b>Most Recent Employer or Employer at Follow-Up</b>			
<b>19 Date Employed</b>	<b>20 Employer Number</b>	<b>21 Employer Name</b>	
<b>Employer Address</b>		<b>Employer City, State, ZIP</b>	
<b>22 Contact</b>		<b>23 Phone</b>	
<b>24 Job Code</b>	<b>25 Hours Per Week</b>	<b>26 Hourly Wage</b>	<b>27 Follow-Up Staff ID</b>
<b>Follow-Up Staff Signature</b>			<b>Date</b>