

# WORKFORCE INVESTMENT ACT

## EXIT

<b>Subgrantee Name</b>
<b>01 Application Number</b>
<b>02 Agency Code</b>
<b>Social Security Number</b>

<b>Last Name</b>	<b>First Name / Middle Initial</b>
------------------	------------------------------------

<b>03 Education Status</b> 1 Student, H.S. or less 2 Student, attending post H.S. 3 Out-of-School, H.S. Dropout 4 Out-of-School, H.S. grad, employment difficulty 5 Out-of-School, H.S. grad, no employment difficulty 6 Alternative School	<b>04 Exit Codes</b>	<b>Exit Codes (Select up to three codes)</b>	11 Cannot Locate
		01 Entered Employment 02 Called Back / Remained With Layoff Employer 03 Entered Advanced Training 04 Entered Postsecondary Education 05 Attained Recognized Certificate / Diploma / Degree 06 Planned Services Completed 07 Planned Services Not Completed 08 Lacks Transportation 09 Family Care 10 Health / Medical	12 Death 13 Institutionalized 14 Voluntary Other 15 Objective Assessment Only 16 Returned to Secondary Education (Youth Only) 17 Soft Exit 18 Reservists Recalled 19 Automatic State Exit 20 Mandated Residential Program Youth

<b>05 Exit Date</b>	<b>06 Soft Exit Determination Date</b>	<b>07 Degree Attained</b> 1 Yes 2 No, credential intended 3 No, credential not intended 4 No, credential pending 5 No training services provided	<b>08 Date Degree or Certificate Attained</b>	<b>09 Type of Degree 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>10 Entered Postsecondary Education</b> 1 Yes 2 No	<b>11 Entered Advanced Training</b> 1 Yes 2 No	<b>12 Entered Military Service</b> 1 Yes 2 No	<b>13 Entered Qualified Apprenticeship</b> 1 Yes 2 No
--	--	---	---

<b>14 Date Employed</b>	<b>15 Employer Number</b>	<b>16 Employer Name</b>
-------------------------	---------------------------	-------------------------

<b>Employer Address</b>	<b>Employer City / State</b>	<b>Employer ZIP</b>
-------------------------	------------------------------	---------------------

<b>17 Employer Contact</b>	<b>18 Contact Phone</b>	<b>19 Job Code</b>	<b>20 Hours Per Week</b>
----------------------------	-------------------------	--------------------	--------------------------

<b>21 Hourly Wage</b>	<b>22 Training Related Employment</b> 1 Yes 2 No 3 Not Applicable	<b>23 Determination Method</b> 1 Training to job 2 Industry to training 3 Other	<b>24 Health Benefits</b> 1 Yes 2 No	<b>25 Non-Traditional Employment</b> 1 Yes 2 No
-----------------------	--	--	--	---

<b>Exit Staff Signature</b>	<b>26 Exit Staff ID</b>	<b>27 Update Client Info?</b> 1 Yes 2 No	<b>Date</b>
-----------------------------	-------------------------	--	-------------

Post Exit Services			
<b>28 Service Code</b>	<b>29 Description</b>	<b>30 Begin Date</b>	<b>31 End Date</b>

<b>Post Program Service Code</b> 01 Educational Achievement 02 Employment Services 03 Additional Youth Support 04 Citizen and Leadership 05 Follow-up Services
---