

Region 2
WORK FORCE
 West Virginia
USA

COMPLETION/SEPARATION FORM

Service Provider/One Stop _____

Customer: _____ SS#: _____

Actual Start Date: ___/___/___ Actual End Date: ___/___/___

Credential Received: _____
 (Type of Degree \ Diploma \ Certification, etc)

OUTCOME:

- _____ **Received Credential** (Satisfactory Completion)
- _____ **Received Training, No Credential** (Unsatisfactory completion)
- _____ **Customer quit** (Voluntary separation)
- _____ **Customer Separated By Provider** (Involuntary separation)
- _____ **WIA funding exhausted. Customer still in training through other funding sources.** (Second completion/separation form to be sent to WIA Case Manager when customer completes training.)

Completion/Separation Comments:

Employment Information: (if applicable)

| | | |
|----------|-----------|-------|
| Employer | Job Title | Phone |
|----------|-----------|-------|

| | | | |
|------------|----------------|--------|---|
| Start Date | Hours per week | Salary | Customer would not provide salary information |
|------------|----------------|--------|---|

| | | |
|---------------------------|-----|----|
| Position Training Related | Yes | NO |
|---------------------------|-----|----|

Comments:

Completed by: _____

Sent to WIA Case Manager: _____ **Date:** ___/___/___