

Region 2

# WORK FORCE

West Virginia  
USA

## WIA Follow-Up Form Adult/Dislocated Worker

Customer Name: \_\_\_\_\_ SS # XXX-XX \_\_\_\_\_

Training Facility: \_\_\_\_\_ Date Completed Training: \_\_\_\_\_

### Labor Force Status

(CHECK ONE)

Employed      Unemployed      Not in Labor Force      Unable to Locate  
Other : Health\Medical   Institutionalized   Deceased   Active Duty Reservist   Family  
Care      (Please check one)

#### EMPLOYER INFORMATION:

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Street      City      State      Zip      Phone  
Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_ Customer/employer would not provide salary

Hours per week: \_\_\_\_\_ Comment: \_\_\_\_\_

CHECK ONE:    1<sup>ST</sup> QTR      2<sup>ND</sup> QTR      3<sup>RD</sup> QTR  
                  (AFTER EXIT)      (AFTER EXIT)      (AFTER EXIT)

FOLLOW-UP DATE \_\_\_\_\_

VERIFIED BY (SPOUSE, OTHER RELATIVE, EMPLOYER, ETC.) \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Distribution:      Region 2 WIB   

7/16/10