

WORKFORCE INVESTMENT ACT FOLLOW-UP INFORMATION

Subgrantee Name
01 Application Number
02 Agency Code
Social Security Number

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