Intensive/Training - Policy 10 - DOCUMENTATION FOR TRAINING, EMPLOYMENT AND PARTICIPATION / PERFORMANCE

Requirements specified for performance goal attainment must be met and documented in accordance with this policy before the performance attainment can be entered in the Management Information System (DJL). Documentation substantiating performance and actual training must be available upon request.

I. The following general documentation criteria exists:

1. All Documentation will be maintained in case files.
   1. When documenting employment, the best and preferred method is obtaining a pay stubs. Other forms of documentation must contain a live signature (e-mails & faxes will be accepted).
   2. Items must be documented by the verification of two sources except in the following circumstances.

* If the exception is specifically established in this procedure.

1. All activities other than unsubsidized employment will first be found within the individuals ISS. The ISS will include responsibilities of the case manager and participant, items to be accomplished, scheduled review dates & timeframes for completion.
2. Training will be documented.

* Evidence of satisfactory progress will be documented through the use of WIA Program Detail Notes. The total number of notes will be determined by the duration of the training. At a minimum, there will be a monthly note. The note must include information regarding (1) student progress, (2) student attendance, and (3) the name of the individual who confirmed the information.
* Completion of training will be documented by obtaining a copy of the competency/credential/final grades.

II. Documentation for employment verifications will contain the following:

Date Verification Accomplished

Employer (name, address, telephone number)

Date Employment Began

Position

Hours Weekly

Anticipated Duration

Hourly Wage

Period of Employment

Signature of Individual completing the form

Source of Information (if different than the individual who signs the document)

The Day One, the Day 60, and the Day 90 Placements can be completed by obtaining a verbal from the employer. The verbal must be documented by the case manager completing the attached Employment Verification form.

The Day 30 Placement must be obtained through written documentation from the employer or through obtaining a paystub from the client. The following four methods meet the standard:

* The completed Employment Verification form signed by the employer.
* The written documentation submitted by the employer combined with the Employment Verification form completed by the case manager.
* A pay stub that includes all the pertinent information referenced in III B combined with the Employment Verification form completed by the case manager.
* A paystub from the client and it does not include all the pertinent information referenced in III B combined with the Employment Verification form completed by the case manager based on telephone contact with the employer to clearly document any missing items.

III. Other documentation items:

1. The use of signatures obtained prior to the date of the documented performance event is forbidden.
2. Check Stubs – Only check stubs that meet the minimum requirements are acceptable as stand-alone documentation for employment. Other pay stubs can be used but they must be combined with other employer issued information that clearly identifies the employer as well as employment hours. Acceptable check stubs will at a minimum have the following:

* Name and address of the employer
* Pay period begin and end dates
* Date of pay
* Comprehensive withholding information
* Year to date pay information (unless multiple pay stubs are used)

IV. Data Entry

1. In addition to the collection previously established documentation for performance must be entered into DJL. Entry will be done as soon as documentation supports performance was achieved. Please Note: As long as the case manager obtains the verification within a 30 day period, the original day one can be claimed. For example, the client begins work on 7/1/2011, the case manager finds out the client was working on 7/29/2011, the 7/1/2011 start date would be claimed. If greater than a 30 day period, the case manager cannot use the original day one and must use the day the verbal verification was received. The day the case manager completes the Employment Verification form is the first day of the 90 day tracking period (as long as it’s after the completion of training – placement cannot be claimed during the time the client is in training).
2. The standard for the documentation of performance will be 85% accuracy.

DOCUMENTATION FOR TRAINING, EMPLOYMENT AND PARTICIPATION / PERFORMANCE

Effective Date: March 11, 2010

Revised Date: January 19, 2012

Revised Date: July 19, 2012

Case Manager:

Telephone Number:

Fax Number:

EMPLOYMENT

**VERIFICATION**

Day 1 Day 30 Day 60 90 Day Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Name of Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Start Date of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End Date of Employment Period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Employer City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Hours Worked Per Week \_\_\_\_\_\_\_\_\_Hourly Wage $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Permanent Yes or No and Temporary Position ( less than 150 days) Yes or No”

Signature of Employer \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Or Staff Person completing the form

Date

-Benefits: (Check all that apply)

Health Insurance Family Leave Clothing/Uniform Allowance

Dental Insurance Holidays Child Care Allowance

Life Insurance 401 K Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vacation Sick

Complete this portion if this is a telephone verification:

Name of Individual Contacted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Individual \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Staff Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_