



Attachment A

Revised 08/19/2021

WIOA Youth Program

STIPEND OBLIGATION STAFF-PROVIDED SERVICES

CLIENT NAME: _____ CLIENT PID: _____

ISY OSY

SERVICE: _____

Start Date:	End Date:
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Student will be paid only for hours actually attended. Time attended will be validated by an *Attendance Report*.

Maximum Hrs. =	Hrs.	X \$	per Hr.	= \$	Maximum Possible Stipend
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Client's Signature

Date

Career Manager's Signature

Date

Staff Providing Service

Date

EQUAL OPPORTUNITY AND NONDISCRIMINATION: All providers must comply with WIOA's Equal Opportunity and Nondiscrimination provisions which prohibit discrimination on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief, or, for beneficiaries, applicants, and participants only, on the basis of citizenship status or participation in a WIOA Title-I financially assisted program or activity. Auxiliary aids and services are available upon request to individuals with disabilities. Green Country Workforce is an equal opportunity employer/program. BABEL NOTICE: (29CFR 38.9(g)(3)): This document contains vital service information. If needed, call 918-796-1200 for assistance in the translation and understanding of the information in the document(s) you have received.



**WIOA Youth Program
STIPEND OBLIGATION FOR
PARTNER-PROVIDED SERVICES**

CLIENT: _____ PID# _____

SERVICE:

PARTNER PROVIDER:

TELEPHONE:

FAX:

Start Date:	End Date:
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Student will be paid only for hours actually attended. Time attended will be validated by a completed *Attendance Report*.

Maximum Hours = _____ X _____ per hour = _____ Maximum Possible Stipend

The partner provider, _____, agrees to provide services to the Client named above as an in-kind service. The partner-provider agrees to submit Attendance Reports to verify attendance.

Client's Signature

Date

Partner Representative's Signature and Title

Date

Career Manager's Signature

Date

Fiscal Approval

Date

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ATTENDANCE REPORT

TRAINEE: _____

PID# _____

() ADULT () DLW () ISY () OSY

TRAINING SITE: _____

CLASS/COURSE NAME: _____

FOR PERIOD ENDING: MONTH _____ YEAR 20 _____

SCHEDULED DAYS OF ATTENDANCE:(Circle Days That Apply) M – T – W – T – F – S

” COMPLETE IN INK – NO WHITE OUT – TRAINEE AND INSTRUCTOR MUST INITIAL ALL CHANGES”

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

DATE	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Indicate hours of attendance on appropriate date. If student does not attend on a scheduled day, indicate with “A” for ABSENT.

TRAINEE SIGNATURE & DATE

I certify that the above record of my daily attendance is correct.

INSTRUCTOR SIGNATURE & DATE

I certify that this trainee is under my supervision and the attendance recorded is correct.

The student listed above is in good standing with both grades and attendance. Yes No

If no, please explain: _____

 Career Manager Signature

 Date

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BONUS PAYMENT AUTHORIZATION

The following individual has successfully completed requirements for a bonus award:

Client Name: _____ PID #: _____

ISY OSY

Bonus Award Activity: _____

Completion Date: _____

Amount of Bonus Award: _____

Approved by: _____
Career Manager Signature

Date

Fiscal Approval

Date

(Documentation validating successful completion of bonus award activity must be attached before payment is issued.)

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