

## WIOA Participant Supplemental Wage Quarterly Exit Data Collection Form

During orientation, you were informed that we would be contacting those who participated in our education or training program to find out how you are progressing after completing the program. We would like to know if our program helped you achieve your goal of entering postsecondary education/training or obtaining/retraining employment.

This survey will only take a few minutes and all information you give will be strictly confidential.

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

Date: \_\_\_\_\_

PID: \_\_\_\_\_

### POSTSECONDARY EDUCATION AND TRAINING

1. Since the end of your program, have you enrolled in any postsecondary educational or training programs?  
 Yes (Proceed to Next Question)    No (Proceed to Employment Questions)
2. In what type of class or classes have you enrolled? (Check all that apply.)  
 Adult Workforce Education/Job Training/Career Center/Skilled Trades Program  
 College  
 Other (Specify) \_\_\_\_\_  
 Do not know or Prefer not to answer

### EMPLOYMENT (SUPPLEMENTAL WAGE VERIFICATION)

1. Are you currently Employed?    Yes    No
2. Since completing our program, please select the 3-month period(s) you have been employed.  
 January to March    April to June    July to September    October to December
3. Place of Employment during the previous 3-month period:  
Employer: \_\_\_\_\_ Type of Employment: \_\_\_\_\_  
Employer FEIN (if known): \_\_\_\_\_
4. Is the job related to any education/training you received during the program you attended?  
 Yes    No
5. Approximately how many hours do you work each week? \_\_\_\_\_ Hours
6. Wage during the previous 3-month period of employment: \$ \_\_\_\_\_  hourly    weekly    monthly    yearly
7. Reason for Unemployment.  
 Insufficient Employment Opportunity    Self-Employed/Lack of Work    Military relocation  
 Unemployed due to Termination/Layoff  
 Unemployed due to permanent closure/substantial layoff at place of employment  
 Other \_\_\_\_\_  
 Prefer Not to Answer

### CLOSING

Do you have any questions or comments?

Staff Use Only: (If Completed by Phone)

Survey administered by: \_\_\_\_\_ Date: \_\_\_\_\_

**Staff Use Only:**  
Gross Quarterly Wage Calculation:

\_\_\_\_\_