

WIOA Youth Program Exit Form

Agency Name:	<input type="text"/>	Social Security #:	<input type="text"/>
Participant name:	<input type="text"/>	Exit Date:	<input type="text"/>

School status at Exit: _____ Additional exit information (Optional): _____

Exit Outcome: _____

Reason for Exit: _____

Entered Employment:

Employer Name: _____ Contact Name & Phone #: _____

Employer Address, City, State, & zip code: _____

Occupational Title: _____

Hourly Wage: _____ Hours per week: _____ Start Date: _____ End Date: _____ Currently Employed: _____

-Reason for Leaving, if no longer employed: _____

-Please answer ALL the following questions about the employer:

1. Is this their primary employer? _____
 2. Are they receiving Fringe Benefits? _____
 3. Are they covered by Unemployment Compensation? _____
 4. Is this Entrepreneurial and/or Self Employment? _____
 5. Is this a Registered Apprenticeship? _____
 6. Is this considered Active Military Service? _____
 7. Is this considered Non-Traditional Employment? _____
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Entered Education/Training: Placement Verification Attached: _____

Training Program Name: _____ Placement Date: _____

-Select what type of education/training placement this is:

Successfully Completed Education/Training: Credential Verification Attached: _____

-Select what type of education/training credential this is:

If other, please specify: _____

Date Received: _____

Case Manager Signature: _____ Date: _____

This form must be submitted for each youth as you exit them from the WIOA Youth Program. Please submit to Youthmis@seta.net. Remember to keep a copy in the hard file and add an exit case note in CalJOBS.