

**Delaware County Office of Workforce Development
Participant Outcome Information**

Last Name _____ First Name _____
Current Address _____ Current Phone # _____

Email Address _____ Participant ID: _____

Exit informaton

Last Day in Training _____ Satisfactory Completion ___Yes ___No
*Received _____
License/Credential ___Yes ___No Date of Licence/Credential _____

Reason for Exit other than employment

____Lack of Transportation _____ Cannot Locate _____ * Health/Medical or family Care
____*Institutionalized _____ * Reservists called to active duty
____Other Services-completed _____ other Services- not competed
* Documentation required

Employment Information

Employer Name _____ Phone # _____
Address _____

Job Title _____ Start date _____
Hours Per Week _____ Hourly Wage _____ Fringe Benefits ___Yes ___NO
Is this position a result of Self
Unemployment Tax ___Yes ___No Employment or Contracted Employment ___Yes ___NO

Please return within 30 days of completion of training along with any case notes.

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