

| DATA ELEMENT NAME  | DATA TYPE/ FIELD LENGTH | DATA ELEMENT DEFINITIONS/INSTRUCTIONS  | CODE VALUE   |
|--|-------------------------|--|--|
| Survey Contact   | IN                      | Record the contact person's name as it should appear on the cover letter and mailing envelope for the customer satisfaction survey   |  |
| Employer   | AN 225                  | Record the participant employer details  |  |
| Successful Follow-Up with Employer/Participant Quarter 1 after exit? | IN 1                    | Record 1 if follow-up was successful with employer/participant to obtain supplemental employment information for quarter 1 after exit<br>Record 0 if follow-up was successful with employer/participant to obtain supplemental employment information for quarter 1 after exit | 1 = Yes<br>0 = No  |
| Successful Follow-Up with Employer/Participant Quarter 2 after exit? | IN 1                    | Record 1 if follow-up was successful with employer/participant to obtain supplemental employment information for quarter 2 after exit<br>Record 0 if follow-up was successful with employer/participant to obtain supplemental employment information for quarter 2 after exit | 1 = Yes<br>0 = No  |
| Successful Follow-Up with Employer/Participant Quarter 3 after exit? | IN 1                    | Record 1 if follow-up was successful with employer/participant to obtain supplemental employment information for quarter 3 after exit<br>Record 0 if follow-up was successful with employer/participant to obtain supplemental employment information for quarter 3 after exit | 1 = Yes<br>0 = No  |
| Successful Follow-Up with Employer/Participant Quarter 4 after exit? | IN 1                    | Record 1 if follow-up was successful with employer/participant to obtain supplemental employment information for quarter 4 after exit<br>Record 0 if follow-up was successful with employer/participant to obtain supplemental employment information for quarter 4 after exit | 1 = Yes<br>0 = No  |
| Follow-up 4th Quarter scheduled date                                 | DT 8                    | This date is the first day of the 4th quarter after the exit quarter<br><br>Note: System-generated   | YYYYMMDD   |
| Date of Follow-Up  | DT 8                    | Record the date on which the 4th Quarter follow-up is conducted  | YYYYMMDD   |
| Mode of Contact  | Dropdown                | Record the participant mode of contact during 4th Quarter follow-up  | 60 In Person<br>61 Phone<br>62 Email or Written Report<br>63 Other |
| Ext.   | IN 10                   | Record employer phone ext.   |  |
| Name   | AN 225                  | Record employer name   |  |
| Address Line 1   | AN 225                  | Record employer address 1  |  |
| Address Line 2   | AN 225                  | Record the employer address 2  |  |
| City   | AN 225                  | Record the employer city   |  |
| State  | AN 2                    | Record the employer State  |  |
| Zip  | IN 5                    | Record the Host Agency Organization Contact Zip  | 00000  |
| FEIN   | AN                      | Record employer FEIN   |  |
| Did employer provide an OJE training site                            | IN 1                    | Record 1 if employer provided an OJE training<br>Record 0 if employer did not provide OJE  | 1 = Yes<br>0 = No  |
| Site Name and Location   | AN 225                  | Record employment site name and location if different from main address  |  |

| DATA ELEMENT NAME  | DATA TYPE/ FIELD LENGTH | DATA ELEMENT DEFINITIONS/INSTRUCTIONS   | CODE VALUE                 |
|--|-------------------------|---|----------------------------|
| Date for next customer satisfaction survey for this employer | DT 8                    | Record the date for next customer satisfaction survey for this employer<br><br>Note: System-generated   | YYYYMMDD                   |
| Employer Continued Availability                              | IN 1                    | Record 1 for active if employer wishes to continue to participate in the program or if grantee/sub-grantee wishes to continue working with this employer<br>Record 2 for inactive if employer no longer wishes to continue to participate in the program or if grantee/sub-grantee no longer wishes to continue working with the employer | 1 = Active<br>0 = Inactive |
| Contact First Name   | AN 26                   | Record the employer contact person's first name   |                            |
| Contact Last Name  | AN 26                   | Record the employer contact person's start name   |                            |
| Contact Person's Address                                     | checkbox                | Select if the Employer Contact Person address is different than the employer address  |                            |
| Address Line 1   | AN 225                  | Record the Employer Contact Person Address 1 if different than employer address   |                            |
| Address Line 2   | AN 225                  | Record the Employer Contact Person Address 2 if different than employer address   |                            |
| City   | AN 225                  | Record the Employer Contact Person City if different than employer address  |                            |
| State  | AN 2                    | Record the Employer Contact Person State if different than employer address   |                            |
| Zip  | IN 5                    | Record the Employer Contact Person Zip if different than employer address   | 00000                      |
| Zip+4  | IN 4                    |   | XXXX                       |
| County   | AN 26                   | Record employer county  |                            |
| Title  | AN 74                   | Record the Employer Contact person's title  |                            |
| Salutation   | IN 1                    | Record the Employer Contact person's salutation   | 1= Mr.<br>2= Ms.<br>3= Dr. |
| Phone Number   | IN 10                   | Record the Employer Contact person's phone number   |                            |
| Fax Number   | IN 10                   | Record the Employer Contact person's fax number   |                            |
| Cell Phone Number  | IN 10                   | Record the Employer Contact person's cell phone number  |                            |
| E-mail   | AN 26                   | Record the Employer contact person's email address  |                            |
| Supervisor   | AN 26                   | Record supervisor's name for participant's employment   |                            |
| Supervisor's mailing address if different                    | AN 225                  | Record supervisor mailing address for employer if different from employer contact   |                            |
| Address Line 1   | AN 225                  | Record the address 1 for supervisor   |                            |

| DATA ELEMENT NAME                             | DATA TYPE/ FIELD LENGTH | DATA ELEMENT DEFINITIONS/INSTRUCTIONS  | CODE VALUE                 |
|---|-------------------------|--|----------------------------|
| Address Line 2                                | AN 225                  | Record the employer Address 2 for supervisor   |                            |
| City  | AN 225                  | Record the employer City for supervisor  |                            |
| State   | AN 2                    | Record the employer State for supervisor   |                            |
| Zip   | IN 5                    | Record the Host Agency supervisor's Zip  | 00000                      |
| Title   | AN 74                   | Record the host agency supervisor's title  |                            |
| Salutation                                    | IN 1                    | Record the host agency Supervisor's salutation   | 1= Mr.<br>2= Ms.<br>3= Dr. |
| Phone number                                  | IN 10                   | Record the host agency Supervisor's phone number   |                            |
| Fax number                                    | IN 10                   | Record the host agency Supervisor's fax number   |                            |
| Cell phone number                             | IN 10                   | Record the host agency Supervisor's cell phone number  |                            |
| E-mail  | AN 26                   | Record the host agency supervisor's email address  |                            |
| Job Title                                     | AN 74                   | Record the participant job title   |                            |
| Occupational Code                             | IN                      | O-Net Occupation Code  |                            |
| Entered Training-Related Employment           | IN 1                    | Record 1 if after training program completion, the employment in which the individual entered uses a substantial portion of the skills taught in the training received by the individual. This data element is training program completion based.<br><br>Individuals that have not enrolled in and completed training should not be reported in this data element.<br><br>Record 0 if the employment in which the individual entered does not use a substantial portion of the skills taught in the training received by the individual.<br><br>Record 9 if unknown.<br><br>Leave blank if the individual has not completed a training program and/or has not yet entered employment | 1 = Yes<br>0 = No          |
| Type  | Dropdown                | Select type of services  | See Services Tab           |
| Specify Other Provider of Supportive Services | AN 225                  | Specify other provider of supportive services  |                            |
| Start Date                                    | DT 8                    | Service Start Date   | YYYYMMDD                   |
| Unsubsidized Employment Comment               | AN 2000                 | Record the participant unsubsidized employment comments  |                            |
| Customer Service Survey 1 number              | IN                      | Record survey #1 number  |                            |
| Customer Service Survey 1 date                | DT 8                    | Record the date for the first survey delivered to a qualified employer   | YYYYMMDD                   |

| DATA ELEMENT NAME                           | DATA TYPE/ FIELD LENGTH | DATA ELEMENT DEFINITIONS/INSTRUCTIONS   | CODE VALUE   |
|---|-------------------------|---|--|
| Customer Service Survey 2 number            | IN                      | Record survey #2 number   |  |
| Customer Service Survey 2 date              | DT 8                    | Record the date for the second survey delivered to a qualified employer   | YYYYMMDD   |
| Customer Service Survey 3 number            | IN                      | Record survey #3 number   |  |
| Customer Service Survey 3 date              | DT 8                    | Record the date for the third survey delivered to a qualified employer  | YYYYMMDD   |
| 90-day date                                 | DT 8                    | In order for the participant to exit for purposes of the Core Measures, the participant must not have received any program services (other than the specifically defined follow-up activities or services) for 90 days.<br><br>Record the 90-day date for when to check to see if the participant has received additional services. | YYYYMMDD   |
| Follow-up 1st Quarter scheduled date        | DT 8                    | This date is the first day of the 1st quarter after the exit quarter<br><br>Note: System-generated  | YYYYMMDD   |
| Date of Follow-Up                           | DT 8                    | Record the date of 1st Quarter follow-up  | YYYYMMDD   |
| Mode of Contact                             | Dropdown                | Record the participant mode of contact during 1st Quarter follow-up   | 60 In Person<br>61 Phone<br>62 Email or Written Report<br>63 Other |
| Follow-up 2nd Quarter scheduled date        | DT 8                    | This date is the first day of the 2nd quarter after the exit quarter<br><br>Note: System-generated  | YYYYMMDD   |
| Date of Follow-Up                           | DT 8                    | Record the date of 2nd Quarter follow-up  | YYYYMMDD   |
| Mode of Contact                             | Dropdown                | Record the participant mode of contact during 2nd Quarter follow-up   | 60 In Person<br>61 Phone<br>62 Email or Written Report<br>63 Other |
| Total Quarterly Earnings                    | DE 6.2                  | Record the participant total quarterly earning during 2nd Quarter   | 000000.00  |
| Follow-up 3rd Quarter scheduled date        | DT 8                    | This date is the first day of the 3rd quarter after the exit quarter<br><br>Note: System-generated  | YYYYMMDD   |
| Date of Follow-Up                           | DT 8                    | Record the date on which the 3rd Quarter follow-up is conducted   | YYYYMMDD   |
| Mode of Contact                             | Dropdown                | Record the participant mode of contact during 3rd Quarter follow-up   | 60 In Person<br>61 Phone<br>62 Email or Written Report<br>63 Other |
| Customer satisfaction and follow-up comment | AN 2000                 | Record customer satisfaction and follow-up comment  |  |