

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 1after exit Record 0 if follow-up was successful with employer/participant to obtain supplemental employment information for quarter 1after exit	1 = Yes 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 Record 0 if follow-up was successful with employer/participant to obtain supplemental employment information for quarter 2 after exit	1 = Yes 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 Record 0 if follow-up was successful with employer/participant to obtain supplemental employment information for quarter 3 after exit	1 = Yes 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 Record 0 if follow-up was successful with employer/participant to obtain supplemental employment information for quarter 4 after exit	1 = Yes 0 = No
Follow-up 4th Quarter scheduled date	DT 8	This date is the first day of the 4th quarter after the exit quarter 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 61 Phone 62 Email or Written Report 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 Record 0 if employer did not provide OJE	1 = Yes 0 = No
Site Name and Location	AN 225	Record employment site name and location if different from main address	

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Date for next customer satisfaction survey for this employer	DT 8	Record the date for next customer satisfaction survey for this employer 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 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 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. 2= Ms. 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	

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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. 2= Ms. 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. Individuals that have not enrolled in and completed training should not be reported in this data element. 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. Record 9 if unknown. Leave blank if the individual has not completed a training program and/or has not yet entered employment	1 = Yes 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

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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. 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 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 61 Phone 62 Email or Written Report 63 Other
Follow-up 2nd Quarter scheduled date	DT 8	This date is the first day of the 2nd quarter after the exit quarter 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 61 Phone 62 Email or Written Report 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 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 61 Phone 62 Email or Written Report 63 Other
Customer satisfaction and follow-up comment	AN 2000	Record customer satisfaction and follow-up comment	