

STATE:	PROGRAM YEAR 20XX
PERIOD COVERED	
From (mm/dd/yyyy) :	To (mm/dd/yyyy) :
REPORTING AGENCY:	

EFFECTIVENESS IN SERVING EMPLOYERS INDICATOR	
Combined Result Across All WIOA Core Programs	
Number and Percent of Participants Employed with the Same Employer in the 2nd and 4th Quarters After Exit	
Numerator	<u>1</u>
Denominator	<u>2</u>
Rate	<u>3</u>

REPORT COMMENTS/CERTIFICATION
Report Comments:
Name and Title of Certifying Official:
Telephone Number:
Email Address: