OMB Control Number: 1293-XXXX Expiration Date: XX/XX/XXXX

Expiration Date: XX/XX/XXXX Employment Navigator Data Entry Layou:		
		Employment Navigator Data Entry Layout
Element		
Number	Element Name	Description
	•	
	1 Placed into Employment	Input whether the participant was placed into employment, into an apprenticeship program, or referred to another organization for employment placement.
	2 Job Placement Referral Entity	If the participant was referred to another entity for job placement, indicate the entity name
	3 Hourly Wage	If the participant was placed into employment or an Apprenticeship program, indicate the starting wages per hour.
	4 Job Training	Input whether the participant was placed into an occupational employment training program or was referred to another organization for training.
	5 Job Training Referral Entity	If the participant was referred to another entity for job training, indicate the entity name.
	6 Supportive Services	Input whether the participant directly received wrap-around services, including but not limited to: housing assistance, logistics and transportation, recreation/fitness, child care, or financial aid or was referred to another organization for any of these services.
	7 Supportive Service Referral Entity	If the participant was referred to another entity for any of the wrap-sround services mentioned abvoe, indicate the entity name.
	8 Mentorship Services	Input whether the participant directly received mentoring services or was referred to another organization for this service.

If the participant was referred to another entity 9 Mentorship Services Referral Entity for mentoring services, indicate the entity name.

> Input whether the participant was directly introduced to an employment-related network or was referred to another organization for this

10 Networking service.

> If the participant was referred to another entity for networking purposes, indicate the entity

11 Networking Referral Entity

name.

Indicate if the participant was referred to a job fair or hiring event

12 Hiring Events Conducted

If the participant was referred to a job fair or hiring event, indicate the estimated number of

13 Number of Employers at Event employers to attend the event.

Data Type Codes: AN = Alpha-Numeric; IN = Integer; Number behind code represents the overall k

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collec displays a valid OMB control number. Public reporting burden for this collection of information is including time for reviewing instructions, searching existing data sources, gathering and maintaini reviewing the collection of information. The obligation to respond to this collection is required to the burden estimate or any other aspect of this collection of information, including suggestions for Labor, 200 Constitution Ave., NW, Washington, DC 20210 or email murren.luke@dol.gov and ref

Valid Values	Data Type/Field Length

1 = Yes

2 = Apprenticeship

3 = Referred to another entity

Blank = Not employed or unknown IN1

XXXXXX AN50

\$XXX.XX IN5

1 = Yes, program that leads to an industry recognized credential or certificate

2 = Yes, program that does not include an industry recognized credential or certificate

0 = No

3 = Referred to another entity IN1

XXXXXX AN50

1 = Yes

0 = No

2 = Referred to another entity IN1

XXXXXX AN50

1 = Yes

0 = No

2 = Referred to another entity IN1

XXXXXX AN50

1 = Yes

0 = No

2 = Referred to another entity IN1

XXXXXX AN50

1 = Yes, referred to a job fair or hiring event sponsored by my organization 2 = Yes, referred to a job fair or hiring event not sponsored by my organization 0 = Not referred to a job fair or hiring event

IN1

XXXXXX IN5

ength allowable for the field.

tion of information unless such collection estimated to average 0.20 hours per response, ng the data needed, and completing and obtain or retain benefit. Send comments regarding reducing this burden, to the U.S. Department of ference the OMB Control Number 1205-0NEW.