	DATE DATA ENTERED	
	DATA BUTERED BY	
COMMENT	ES OFFICE NO	
COMMENTS	WIT USER ID	OFFICE 3
	FOR OFFICE USE	
Fund		Facility Phone
End Date	Verified By (First, MI, Last) Suffix	Facility Contact
Start Date	Date of Verification	State Zip
Service Description	VERIFICATION	Facility City
Service Attach to the following service:		Facility Address
O.	Recalled By Former Employer UI Covered UEmployer Benefits Relocate UI Job Order UI	(Last) Facility Name
113 -Post-Secondary Vocational/Skills Credential		Verifier Name (First)
	3-Not Training Related 4-No Training Involved  Worksite	Hours Completed
		Status 1-Currently Enrolled 2-Completed 3-Did Not Complete
111 4th Year of College (no degree)	O*NET	Credential Name
17 -3 <sup>rd</sup> Year of College (Associates Degree)	City	Date Attained
15 -2 <sup>nd</sup> Year of College (no degree)	County	
13 -GED  14 -1st Year of College (no degree)	PROGRAM RELATED	
-Tw		Masters Program (no degree) 23-English as a Second Language
Last Grade Completed		7-Barrol College 20-Occupational Skills License 7-Barrol Degree or 21-Occupational Skills Certificate equivalent or Credential
	Hourly Wage \$	
Phone (Ext	Quarter Applied  Year Applied	2-ngn school pipolina 11-Other Credential 3-1s/Year of College 12-Advanced Training/ 4-2nd Year of College Vocational Skills
Contact	Quarterly Earnings \$	
State Zip -	Wage Source Desc	Outcome Type
Start Dt Street Address	Source of Wage Data  2-Pay Stubs 3-W-2s 4-IRS 1099s 5-Employer Verified 6-Other (Specify)	Start Date End Date Fund
Name	WAGE DETAIL	Service Attach to the following service:
(Employment Outcome Detail (Continued)	EMPLOYMENT OUTCOME DETAIL	PERFORMANCE OUTCOMES DETAIL
EXT:	PHONE E	BIRTH DATE
Suffix	NAME	IDENTITY
	TWIST PERFORMANCE DATA	TWIST PH4 FORM 09/26/2005