

REGION 1 WIA CLOSEOUT

Participant (Last Name, First Name): _____

Social Security Number: _____ Workforce Office (See ITA): _____

Service Provider (School Name): _____

Training Program: _____ Credential Obtained: _____

WIA Start Date: _____ Completion Date/Last Date attending: _____

No. Weeks Completed: _____ No. Classroom / Clinical Hours Completed: _____

Closeout Reason: Completed Program _____ Completed WIA Program - Continued Education _____
(Check One Applicable) Withdrew / Dropped from Program _____ Withdrew / Medical * _____
Deceased * _____ Institutionalized * _____ Reservist called to active duty * _____
Other _____

*Provide proof if available

Employment Information:

Employer: _____

Address: _____

Phone No.: _____ Job Title: _____

Wages per hour: _____ Hours per week: _____ Benefits: _____

Start Date: _____ Supervisor: _____

ACTUAL WIA TRAINING COSTS ONLY:

(Do not include support services)

WIB USE ONLY:

Tuition: \$ _____ \$ _____

Books: \$ _____ \$ _____

Insurance: \$ _____ \$ _____

Other Fees/Supplies: \$ _____ \$ _____

Total Training Costs: \$ _____ \$ _____

Less: WIA payments receive - \$ _____ \$ _____

Over / Under Payment Due: = \$ _____ \$ _____

I hereby certify that the above information is correct.
Documentation is on file.

Authorized Signature

Region 1 WIB Representative

Date

Date

SEND ORIGINAL TO WIB ALONG WITH A COPY OF CREDENTIAL

Region 1 Workforce Investment Board
200 Value City Center, Suite 200
Beckley, WV 25801

Revised 02/07/06