



Employment and Training Participant List

Provider: _____

Program: _____

Local Office: _____

Date: _____

	Participant Name	Case Number	*Participant Status		Check If Staffing Needed
			Provider	Local Office	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

*Note: Both the L.O. and the Provider must complete. Use the following codes:

AP - Active Participation

C - Canceled/Ineligible

JR - Job Readiness

NC - Noncooperation

SA - Sanctioned

SW - Swapped to Medical

R - Removed from Provider by Local Office

UE - Unsubsidized Employment