



**Transitional Workforce Division**

**Retention Benchmark Submission Form**

*Building the Bridge to a Better Workforce.*

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Program Enrollment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Candidate's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Job Candidate's Phone Number: \_\_\_\_\_ Provider Name: \_\_\_\_\_

Job Site Code: \_\_\_\_\_ Program Name: \_\_\_\_\_

**Most Recent Employer:** \_\_\_\_\_

**Employment Type:** \_\_\_ Full time \_\_\_ Part time      \_\_\_ Subsidized \_\_\_ Unsubsidized

**Begin Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **End Date:** (if applicable) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Wage/Hourly Adjustments:**

Increase in hourly wage **from** \_\_\_\_\_ per hour **to** \_\_\_\_\_ per hour. **Date of increase:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Increase in weekly hours **from** \_\_\_\_\_ to \_\_\_\_\_ weekly hours. **Date of increase:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Reason for Increase:** (Select One)      \_\_\_ Completed Probationary Period      \_\_\_ Merit Increase

**New Job Title:** \_\_\_\_\_ **Effective Date of Change:** \_\_\_\_\_

Benchmark	Date Achieved	JC still working at time of scheduled date achieved Y/N	Type of Verification: Employer <u>Letter</u> or Employee <u>Pay Stub</u>	Date of Contact	Indicate Contact with <u>Employer</u> or <u>Job Candidate</u>
30 Days					
60 Days					
90 Days					
120 Days					
150 Days					

**Employment Verified by:** \_\_\_\_\_ **Date of Verification:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_