

STATE EcSA & CRF MONTHLY PERFORMANCE REPORT & ACADEMIC INCENTIVE PAYMENT

Participant: _____ CMS # _____

Participant Address _____ City _____ Zip Code _____

ACTIVITY:		
<input type="checkbox"/> Voc Ed/ITA <input type="checkbox"/> OJT <input type="checkbox"/> Workforce Prep <input type="checkbox"/> Academic Break <input type="checkbox"/> Employment Retention		
PARTICIPATION:		
State-Funded EcSA Enrollment Date: _____		
WIOA Enrollment Date (if applicable): _____		
MONTHLY PROGRESS MEETING	Satisfactorily met?	
Met with trainer to discuss academic/training progress	Yes _____ No _____	
MEETING SATISFACTORY PROGRESS	Satisfactorily met?	
As detailed in customized training plan and training provider policy	Yes _____ No _____	
ACADEMIC BREAK ACTIVITIES	Satisfactorily met?	
Participated in special activities during academic breaks (if applicable)	Yes _____ No _____ NA ____	
ADDITIONAL MONTHLY ACTIVITIES	Satisfactorily met?	
Participated in other activities outlined in training plan (if applicable)	Yes _____ No _____ NA ____	
EMPLOYMENT RETENTION	Satisfactorily met?	
Monthly incentive for employment retention for up to 90 days following entered employment.	Yes _____ No _____ NA ____	
INCENTIVE EARNED:	TOTAL INCENTIVE EARNED:	TOTAL EARNED AFTER TAXES:
	<input type="checkbox"/> Satisfactory monthly progress toward career plan for the month of _____.	\$ _____
Savings Account Contribution		
Fund Source	Total Contribution:	After Taxes:
_____ CRF _____ State EcSA Under 200% _____ State EcSA Above 200%		
Cash Incentive		
Fund Source	Total Incentive:	After Taxes:
_____ CRF _____ State EcSA Under 200% _____ State EcSA Above 200%		

Participant _____ Date _____ Trainer _____

Manager _____