

# STATE EcSA & CRF MONTHLY PERFORMANCE REPORT & ACADEMIC INCENTIVE PAYMENT

Participant: \_\_\_\_\_ CMS # \_\_\_\_\_

Participant Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

<b>ACTIVITY:</b>		
<input type="checkbox"/> Voc Ed/ITA <input type="checkbox"/> OJT <input type="checkbox"/> Workforce Prep (EcSA Only) <input type="checkbox"/> Academic Break <input type="checkbox"/> Employment Retention		
<b>PARTICIPATION:</b>		
State-Funded EcSA Enrollment Date: _____		
WIOA Enrollment Date (if applicable): _____		
<b>MONTHLY PROGRESS MEETING</b>	Satisfactorily met?	
Met with trainer to discuss academic/training progress	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>MEETING SATISFACTORY PROGRESS</b>	Satisfactorily met?	
As detailed in customized training plan and training provider policy	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>ACADEMIC BREAK ACTIVITIES</b>	Satisfactorily met?	
Participated in special activities during academic breaks (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
<b>ADDITIONAL MONTHLY ACTIVITIES</b>	Satisfactorily met?	
Participated in other activities outlined in training plan (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
<b>EMPLOYMENT RETENTION</b>	Satisfactorily met?	
Entered Employment and completed 160 hours or one month of full-time employment (\$1000 one-time incentive)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
<b>INCENTIVE EARNED:</b>	<b>TOTAL INCENTIVE EARNED:</b>	<b>TOTAL EARNED AFTER TAXES:</b>
	<input type="checkbox"/> Satisfactory monthly progress toward career plan for the month of _____ \$ _____	\$ _____
<b>Savings Account Contribution</b>		
<b>Fund Source</b>	<b>Total Contribution:</b>	<b>After Taxes:</b>
<input type="checkbox"/> CRF <input type="checkbox"/> State EcSA Under 200% <input type="checkbox"/> State EcSA Above 200%		
<b>Cash Incentive</b>		
<b>Fund Source</b>	<b>Total Incentive:</b>	<b>After Taxes:</b>
<input type="checkbox"/> CRF <input type="checkbox"/> State EcSA Under 200% <input type="checkbox"/> State EcSA Above 200%		

Participant \_\_\_\_\_ Date \_\_\_\_\_ Trainer \_\_\_\_\_

Manager \_\_\_\_\_