

17.6 DOCUMENTATION FOR PERFORMANCE GOAL ATTAINMENT

Requirements specified for performance goal attainment in the Contract/Agreement must be met before performance recognition can be requested. Information System information must also be completed and received by the Management Information System/Internet Reporting System. Documentation substantiating performance and actual training must be available upon request.

- I. The following general documentation criteria exists:
 - A. Items must be documented by the verification of at least two sources except in the following circumstances.
 - If the exception is clearly stated in the contract/agreement, or
 - If the exception is specifically established in this procedure.
 - B. Training will be documented. At a minimum the following will be documented:
 - Hours of attendance
 - Training Participation
 - Satisfactory progress, and competency/credential attainment

Documentation of attendance and satisfactory progress require both the verification signature of the contractor/work location and the verification signature of the trainee (participant).

Documentation of training participation must be available. Acceptable documentation of training will include the initial assessment, periodic evaluations, portfolios and other evidence of training.

Credential documentation

The Credential/ Certificate is issued by a credentialing organization (e.g. Department of Education/ Board of Nursing) - a copy of the diploma/GED/certificate achieved or a signed letter or e-mail from the issuing organization certifying the achievement.

- C. Documentation of all employment and other outcomes such as work activity participation (incremental and final), up to and including 90 day outcome retention, requires one of the following:
 - A written verification by the employer/trainer (when training is the outcome) of the participant, or
 - A copy of a check stub for the period in question and in cases where the documentation is for a outcome based on a period of time (day1,30,60,90 etc.), a Verification form completed and signed by a contractor staff person will be attached to the check stub(s)

D. Documentation of outcome in the Second, Third, and Fourth full quarter following exit can be accomplished through counseling notes as long as there is a current Individual Service Strategy. Counseling notes when used for documentation will answer the following questions:

- Who - Who was contacted and what staff made the contact?
- What - What was the result of the contact and what does this contact document?
- When - The time and date of the contact?
- Where - Where did the contact take place?
- Why - What was the purpose of the contact?
- How - How was the contact made?

II. Items that apply to I, C:

- A. Documentation, that contains a live signature (faxes will be accepted) is the best and preferred type of documentation.
- B. Written verification obtained via an e-mail is acceptable when the e-mail is from the employer and when there is sufficient evidence to support that the e-mail came from the employer.
- C. Documentation for each employment performance verification will at a minimum contain the following:

Date Verification Accomplished
Employer/Trainer (name, address, telephone number)
Date Employment/Training Began
Position/Type of Training
Hours Weekly
Anticipated Duration
Hourly Wage
Period of Employment/Training Documented
Signature of Individual Providing the Affirmation (include date signed)
Source of Information (if different than the individual who signs the document)

III. Other documentation items:

A. The use of signatures obtained prior to the date of the documented performance event is forbidden.

IV. Documentation items specific to TANF Welfare Reform Contracts

See TANF Policy

ETO Procedure 17.6 – effective June 12, 2007

DAY ONE OUTCOME VERIFICATION

**START DATE OF
OUTCOME/EMPLOYMENT:**

EMPLOYER/TRAINER:

_____ address

_____ address

_____ phone

POSITION:

HOURS PER WEEK:

HOURLY WAGE:

\$ _____

Name of Participant (Print):

Signature of Participant:

Date

Signature of Employer/Trainer:

Date

Expect to complete 150 days or more: Yes or No

30 DAY OUTCOME VERIFICATION

**START DATE OF
EMPLOYMENT/TRAINING:**

EMPLOYER/TRAINER:

_____ Address

_____ Address

_____ Phone

POSITION:

HOURS PER WEEK:

HOURLY WAGE:

\$ _____

Name of Participant (Print):

Signature of Participant:

Date

Signature of Employer/Trainer:

Date

Expect to complete 150 days or more: Yes or No

60 DAY OUTCOME VERIFICATION

EMPLOYMENT/TRAINING PERIOD:

START DATE

END DATE

EMPLOYER/TRAINER:

address

address

phone

POSITION:

HOURS PER WEEK:

HOURLY WAGE:

\$

Name of Participant (Print):

Signature of Participant:

Date

Signature of Employer/Trainer:

Date

Expect to complete 150 days or more: Yes or No

90 DAY OUTCOME VERIFICATION

EMPLOYMENT/TRAINING PERIOD:

START DATE

END DATE

EMPLOYER/TRAINER:

address

address

phone

POSITION:

HOURS PER WEEK:

HOURLY WAGE:

\$

Name of Participant (Print):

Signature of Participant:

Date

Signature of Employer/Trainer:

Date

Expect to complete 150 days or more: Yes or No