

**U.S. Department of Labor  
PY 2024 JOB CORPS APPEAL FORM QUARTER 2 AND QUARTER 4 SURVEY PLACEMENT OUTCOMES**

<b>Student Information (Please Print):</b>		<b>Check Box for Appeal:</b>			
1. Student Identification Number:		Q2 Placement <input type="checkbox"/>	Q4 Placement <input type="checkbox"/>		
2. Last Name: <i>MI (if applicable):</i>		First Name:			
3. Last Center Attended:		4. Date of Separation:	Month	Day	Year

**Correct Start and End Dates for the Appropriate Quarter (Quarter 2 or Quarter 4 after Exit)**

5. Start Date of Quarter:	Month	Day	Year	6. End Date of Quarter:	Month	Day	Year

**Complete Section A and/or Section B Below:**

**Section A: Complete this section if the appeal is for employment during the quarter. Attach the verification documentation for at least a one week period (as described in the PRH) that occurred at any time during the appropriate quarter after exit.**

1. Employer's Name:	
2. Reference Week Start/End Dates (7-day Consecutive Period of Employment):	Total Hours (worked 7-day reference week during the quarter):
3. Earnings* Unit (check one):	4. Dollar Amount (enter earnings for unit selected):
<input type="checkbox"/> Hourly	\$
<input type="checkbox"/> Weekly	\$
<input type="checkbox"/> Monthly	\$
<input type="checkbox"/> Daily	\$
5. Other weekly payments (e.g., bonuses, tips, commissions, etc.):	\$

**\*Earnings per hour must meet or exceed the Federal Minimum Wage to qualify as a valid placement.**

**Section B: Complete this section if the appeal is for education data. . Attach a letter from the institution stating student attended or was enrolled for the minimum hours required for a valid Job Corps placement for, minimally, a one-week period at any point during the quarter.**

1. Enter Name of School/Training Institution:	
2. Type of School/Training Program (check one):	3. Enter Information on School/Training Below:
<input type="checkbox"/> High School	Grade: _____ Hours attended in one week: _____
<input type="checkbox"/> Post-secondary CTT/Technical School	No. of hours attended in one week: _____
<input type="checkbox"/> College	No. of credit hours enrolled in: _____
<input type="checkbox"/> On-the-Job Training or Subsidized Employment	No. of hours attended in one week: _____
<input type="checkbox"/> Other Training	No. of hours attended in one week: _____
4. If Other Training, specify type: _____	

**INFORMATION OF PERSON COMPLETING THE FORM:**

1. Print Your Name:	2. Contractor Name/Code (six-digit ID Code):
3. Your Telephone:	4. Your e-mail address:
5. Signature:	6. Date form submitted:

National Office Use Only

Reviewed by:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Reason for Denial: