# SHIMS USER'S GUIDE

## Web-Based
## Safety and Health Information Management System
## User's Guide for Job Corps

### September 2002

This SHIMS User's Guide is designed to help Job Corps' Worker's Compensation Coordinators (WCCs) utilize the Department of Labor (DOL) website SHIMS.DOL.GOV to file CA-1 and CA-2 claims electronically.

DOL has developed an automated system that allows for more effective management of DOL employees' – including Job Corps students' – injury/illness claims. This web-based system for electronic filing replaces the paper filing system that WCCs have used in the past. The electronic system allows WCCs to submit claims more rapidly. Therefore, it should assist Job Corps centers in filing claims in a timely manner. The automated system also serves as a valuable tool for collecting and analyzing injury/illness information, and for developing plans to reduce injuries/illnesses.

**Reminders**: **Claims should always be filed within 10 working days from notice of an injury/illness**. SHIMS.DOL.GOV contains sensitive information. WCCs must keep website usernames and passwords secure.

**Questions?** Access the HELP tab on SHIMS.DOL.GOV for assistance in completing electronic forms, and **review the "12 Frequently Asked Questions" on the last page of this User's Guide**. Review Program Instruction Notice 01-04 for Job Corps policies on filing claims.

Contact Marsha Fitzhugh in the National Office of Job Corps at 202/693-3099 or Fitzhugh.Marsha@dol.gov to report problems or changes in the names/email addresses of designated WCCs.

**This User's Guide is also posted in "Training" section of the online Safety Circle newsletter, which can be found at www.jobcorpshealth.com.**

You need a valid username and password to access this system. If you do not have one, please click here to complete new user registration.

**Login**

Username ▶ [          ]

Password ▶ [          ]

[ Login ]

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**ACCESS**

Open your Internet browser.  You may use Netscape, but Internet Explorer often works better.

In the address field, type:  SHIMS.DOL.GOV.

**Note**:  **Do not type www. before SHIMS.DOL.GOV**.  The SHIMS website is not on the worldwide web; it is an internal DOL site.  This URL is not case sensitive, so you may use upper or lower case letters.

**REGISTRATION**

Click the Password Reminder tab on the Menu Bar. Type in your e-mail address.

Click SUBMIT.

The system will immediately e-mail you your username and password.

Re-enter SHIMS and type in your username and password.

Click LOGIN.

**Note**:  Usernames and passwords are case sensitive.  If the system does not provide/recognize your username and password, please call Marsha Fitzhugh at (202) 693-3099 in the National Office of Job Corps.

## Privacy Act

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that : (1) The Federal Employees' Compensation Act, as amended and extended (5 U.S.C. 8101, et seq.) (FECA) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor, which receives and maintains personal information on claimants and their immediate families. (2) Information which the Office has will be used to determine eligibility for and the amount of benefits payable under the FECA, and may be verified through computer matches or other appropriate means. (3) Information may be given to the Federal agency which employed the claimant at the time of injury in order to verify statements made, answer questions concerning the status of the claim, verify billing, and to consider issues relating to retention, rehire, or other relevant matters. (4) Information may also be given to other Federal agencies, other government entities, and to private-sector agencies and/or employers as part of rehabilitative and other return-to-work programs and services. (5) Information may be disclosed to physicians and other health care providers for use in providing treatment or medical/vocational rehabilitation, making evaluations for the Office, and for other purposes related to the medical management of the claim. (6) Information may be given to Federal, state and local agencies for law enforcement purposes, to obtain information relevant to a decision under the FECA, to determine whether benefits are being paid properly, including whether prohibited dual payments are being made, and where appropriate, to pursue salary/administrative offset and debt collection actions required or permitted by the FECA and/or the Debt Collection Act. (7) Disclosure of the claimant's social security number (SSN) or tax identifying number (TIN) on this form is mandatory. The SSN and/or TIN, and other information maintained by the Office, may be used for identification, to support debt collection efforts carried on by the Federal government , and for other purposes required or authorized by law. (8) Failure to disclose all requested information may delay the processing of the claim or the payment of benefits, or may result in an unfavorable decision or reduced level of benefits.

Note: This notice applies to all forms requesting information that you might receive from the Office in connection with the processing and adjudication of the claim you filed under the FECA.

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**REGISTRATION**

A disclaimer addressing the Privacy Act will appear with your name shown in the right hand corner after you have properly logged in.

CA1 - Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation
CA2 - Notice of Occupational Disease and Claim for Compensation

**New Claim**

Claim type ▶ ○ CA1 ○ CA2

Next

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**COMPLETING THE FORM**

Click on the NEW CLAIM tab.

Select the type of claim and by clicking on CA1 or CA2.

Click NEXT.

The appropriate form -- CA1 or CA2 -- will appear.

## Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

JC WCC: **Job, Corps**    Status: **Initiation**

### New Claim (Job Corps Student) - CA1

Save    File with SHIMS

**Instructions:**

1. All fields in red are mandatory.
2. Leave the field empty if information is not available or applicable.

*Employee Data*

SSN ▶ [          ]

Last name ▶ [                    ]

First name ▶ [              ]

Middle name ▶ [              ]

Date of Birth ▶ [          ] (mm/dd/yyyy)

Sex ▶ [      ▼]

Home phone ▶ [          ] (xxx-xxx-xxxx)

Home mailing address

Street ▶ [                  ]

City ▶ [              ]

State ▶ [--- State --- ▼]

ZIP ▶ [          ]

Dependent ▶  ☐ Wife, Husband
☐ Children under 18 years
☐ Other

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**COMPLETING THE FORM**

The top of the form will indicate JC WCC: (your name) and Status: Initiation.

Complete all portions of the form.

All items marked in red must be completed; they are mandatory for processing the form. A Pull Down Menu of selections is available at boxes with darkened arrows pointing down.

**Note**: **Information can be saved for later completion at any point in the process by clicking SAVE**. If you save the information, a unique Internal Control Number (ICN) will be assigned at the top left hand corner of the form. **You can use this number to return to the form for completion at a later date**. See Retrieving a Claim for more information.

## Description of Injury

**Place** ▸
Place where injury occurred
(e.g. 2nd floor, Main Post Office Bldg., 12th & Pine)

[ ]

(*No more than 120 characters long)

**ZIP of injury location** ▸ [ ]

**Date & Time injury occurred** ▸ [ ] (mm/dd/yyyy)

▸ [ ] [ ▾ ] (hh:mm)

**Date of this notice** ▸ [ ] (mm/dd/yyyy)

**Cause of injury** ▸
Explain what happened and why

[ ]

(*No more than 264 characters long)

**Nature of injury** ▸
Identify both the injury and the part of body,
e.g, fracture of left leg

[ ]

(*No more than 264 characters long)

I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.

Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

**Date of employee's signature** ▸ [ ] (mm/dd/yyyy)

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### COMPLETING THE FORM

The system will pre-fill the Center Name/Address/Zip, and the Employee Occupation Code/OWCP Agency Code/OSHA Site Code.

*Witness Statement*

Describe what you saw, or know about this injury

Witness statement ▶ [                    ]

(*No more than 528 characters long)

Name and address of witness

Last name ▶ [                    ]

First name ▶ [                    ]

Middle name ▶ [                    ]

Street ▶ [                    ]

City ▶ [                    ]

State ▶ [--- State --- ▼]

ZIP ▶ [          ]

Date witness signed ▶ [              ] 🗓 (mm/dd/yyyy)

*Supervisor's Report*

Employee's duty station

JC center ▶ [ALASKA ▼]

Street ▶ [750 COPE INDUSTRIAL WAY]

City ▶ [PALMER]

State ▶ [AK ▼]

ZIP ▶ [99645]

Date of injury ▶ [              ] 🗓 (mm/dd/yyyy)

Date notice received ▶ [              ] 🗓 (mm/dd/yyyy)

Date & Time stopped work ▶ [              ] 🗓 (mm/dd/yyyy)

▶ [        ] [    ▼] (hh:mm)

Date pay stopped ▶ [              ] 🗓 (mm/dd/yyyy)

Date & Time returned to work ▶ [              ] 🗓 (mm/dd/yyyy)

▶ [        ] [    ▼] (hh:mm)

## Supervisor Information

A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect of this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee is true to the best of my knowledge with the following exception:

Exception ▸ [                    ]

(*No more than 528 characters long)

Last name ▸ [                    ]

First name ▸ [                    ]

Middle name ▸ [                    ]

Title ▸ [                    ]

Phone ▸ [                    ] (xxx-xxx-xxxx)

Date of supervisor's signature ▸ [                    ] (mm/dd/yyyy)

○ Yes  ○ No ▸ Was employee injured in performance of duty?

If no, explain ▸ [                    ]

(*No more than 528 characters long)

○ Yes  ○ No ▸ Was injury caused by employee's willful misconduct, intoxication, or intent to injure self or another?

If yes, explain ▸ [                    ]

(*No more than 528 characters long)

○ Yes  ○ No ▸ Was injury caused by third party?

Name and address of third party

Last name ▸ [                    ]

First name ▸ [                    ]

Middle name ▸ [                    ]

Street ▸ [                    ]

City ▸ [                    ]

State ▸ [--- State --- ▾]

ZIP ▸ [          ]

Name and address of physician first providing medical care

Last name ▶ [                    ]

First name ▶ [                ]

Middle name ▶ [                ]

Street ▶ [                        ]

City ▶ [                    ]

State ▶ [ --- State --- ▼ ]

ZIP ▶ [        ]

First date medical care received

Date ▶ [            ] 🖊 (mm/dd/yyyy)

○ Yes ○ No ▶ Do medical reports show employee is disabled for work?

○ Yes ○ No ▶ Does your knowledge of the facts about this injury agree with statements of the employee and/or witness?

If no, explain ▶ [                        ]

(*No more than 528 characters long)

If the employing agency controverts continuation of pay, state the reason in detail.

Controvert ▶ [                        ]

(*No more than 528 characters long)

Pay rate when employee stopped work

Pay rate ▶ $ [            ] / [            ▼]

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**COMPLETING THE FORM**

**Note**:  The system will notify you if any required information is missing.  Clicking OK will take you to the mandatory information block.

9

## Workers' Comp Coordinator's Report

Type code ▶ [                    ▼]

Injury nature ▶ [                    ▼]

Source code ▶ [                    ▼]

Location code ▶ [                    ▼]

Activity code ▶ [                    ▼]

Lost training time ▶ ○ Yes ○ No

OWCP injury cause ▶ [                    ▼]

OWCP injury location ▶ [                    ▼]

## Filing Instructions

○ ▶ Student was not medically separated from the program: Place this form in Student's medical folder.

○ ▶ Student was medically separated from the program: Forward this form to OWCP.

○ ▶ First Aid Injury.

OWCP Jurisdiction ▶ [                    ▼]

[ Save ] [ File with SHIMS ]

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**COMPLETING THE FORM**

Review and code the claim.

**Note**: Use of the Code 999/Insufficient Data will trigger a pop-up screen asking confirmation of this code's use. Ensure that this code is necessary and appropriate whenever it is used.

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**COMPLETING THE FORM**

Click on the button that selects the appropriate Filing Instruction.

The submission button at the bottom of the form will change (FILE WITH SHIMS or FILE WITH OWCP) based on the Filing Instruction selected.

Click on the submission button. A pop-up box will appear asking confirmation of where the claim should be filed. Click OK in the pop-up box if the submission route is correct. The screen will refresh and show the Date Filed. The Status will change to FILED WITH SHIMS or FILED WITH OWCP.

**Note: Claims filed with OWCP are disabled for further editing. Claims filed with SHIMS can only be edited if new information requires that the claim must now be filed with OWCP** (i.e., if the injury has progressed to point where the student's medical separation from Job Corps is required).

**Microsoft Internet Explorer**

⚠ This notice should be forward to OWCP within 14 days from the date the notice was received. A copy should be placed in the student's medical folder.

[ OK ]

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**Filing Instructions**

○ ▸ Student was not medically separated from the program: Place this form in Student's medical folder.

◉ ▸ Student was medically separated from the program: Forward this form to OWCP.

○ ▸ First Aid Injury.

OWCP Jurisdiction ▸ [                    ▾]

[ Save ]  [ File with OWCP ]

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Source code ▸ [                    ▾]
Location code ▸ [                    ▾]
Activity code ▸ [                 ▾]
Lost training time ▸ ○ Yes  ○ No

**Microsoft Internet Explorer**

⚠ This should be selected for first aid injuries only, that is injuries that fit the definition of 'first aid injuries', and the form should be placed in the student's medical file.

[ OK ]

○ ▸ Student was not medically separated from the program: Place this form in Student's medical folder.

○ ▸ Student was medically separated from the program: Forward this form to OWCP.

◉ ▸ First Aid Injury.

OWCP Jurisdiction ▸ [                 ▾]

[ Save ]  [ File with SHIMS ]

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**COMPLETING THE FORM**

After submitting the claim, print out a hard copy of the form. Both the student and the supervisor must sign it. The WCC should place the signed form in the student's medical folder.

**Note**: When the WCC prints out the form for signature, the signature dates are pre-filled with the date the claim was initiated by the WCC. The SHIMS system does not have electronic signature capability at this time. Therefore, a signed copy of the claim must be filed in the student's medical file.

# Additional Instructions

# Retrieving a Claim

**Retrieving a Saved Claim**

Click on the WCC UNPROCESSED CLAIMS tab on the Menu Bar.

Click on the ICN to access the claim.

**Note**:  The WCC UNPROCESSED CLAIMS list will include all of your unprocessed claims.  In addition to ICN, JC Center, Claimant, Claim Type, Date of Injury, and Date Notice Received (by supervisor), the list will include a Due By Date (i.e., the deadline date for you to transmit the claim to SHIMS/OWCP to ensure timeliness).  There will be no WCC UNPROCESSED CLAIMS tab displayed if you have no unprocessed claims.

**Retrieving a Previously Filed Claim**

Click on the VIEW CLAIMS tab on the Menu Bar.

Enter one or more of the following search criteria:
        ICN
        Text:  Last Name; First Name; Social Security Number
        Date:  Date of Injury; Date of Notice; Date of Filing; Date of Birth

Click on the desired claim in the search results list to retrieve it.

# Additional Instructions

## Viewing the Status of a Claim

**Viewing the Status of a Claim**

The status of a claim can be determined by retrieving the desired claim (see Retrieving a Previously Filed Claim above) and noting the status in upper right-hand corner (e.g., Filed with SHIMS; Filed with OWCP).

**Note**: **When OWCP assigns a Case Number to the claim, it will appear on the top of the claim.**

# Additional Instructions

## Changing the Filing Status

**Changing the Filing Status (e.g., when an injury progresses to the point where a student's medical separation from Job Corps is required)**

Retrieve the claim from SHIMS (see Retrieving a Previously Filed Claim above).

The Submission button will change to Forward Claim To OWCP.  Click on the button.

A Pop-up box will appear and ask ARE YOU SURE YOU WANT TO FORWARD TO OWCP?  Click OK.  This opens the following sections for entry of new information:
> CA1 -- Supervisor's Section; OWCP Jurisdiction box; and Reason for Forwarding to OWCP box
> CA2 -- Student's boxes #15, 16, 17; Supervisor's section; OWCP Jurisdiction box; and Reason for Forwarding to OWCP box

Enter new data but do not change any pre-existing dates, etc.

Click on the FILE WITH OWCP button at the bottom of the form.  A pop-up box will appear asking FILE WITH OWCP?  Click OK.

The screen will refresh and the Header at the top of the form will show the new Date Filed.  The Status will change to FILED WITH OWCP.

# Additional Instructions

## Correcting a Claim
## Rejected by OWCP

**Correcting a Claim Rejected by OWCP**

When OWCP rejects a claim that contains errors (e.g., an incorrect zip code), an e-mail is sent to the WCC providing notification of the rejection.  The e-mail will contain an embedded link to the claim.  **Therefore, it is very important that the correct names and email addresses of WCCs be provided to the National Office for programming into SHIMS**.  Retrieve the claim (using the embedded link or ICN).

At the top of the claim form, there will be a message box containing the error identified by OWCP.

Correct the error.

Click on the FILE WITH OWCP button to re-submit the claim to OWCP.

**Note**:  **The timeliness of a claim is determined by the date that OWCP receives a "good" claim, not by the original submission date**.

# 12 Frequently Asked Questions

**Q 1.**    **I'm new to the role of Worker's Compensation Coordinator (WCC), and I need to learn the basics about CA-1 and CA-2 claims, policies, definitions, etc.  Where should go for information?**

    A.  Read pages 19-25 of Appendix 505 to Chapter 5 of the PRH issued July 1, 2001.  Consult the OWCP/FECA Technical Assistance Guide available on [www.jobcorpshealth.com](www.jobcorpshealth.com).  Work through your Center Director to arrange for a phone call with your Regional Nurse Consultant and/or OASAM Regional Safety and Health Manager for technical assistance.

**Q 2.**    **I just took over WCC responsibilities.  Should I get a new username and password, or continue to use my predecessor's?**

    A.  You must get a new username and password; **do not use your predecessor's**.  Contact Marsha Fitzhugh in the National Office of Job Corps (202/693-3099 or Marsha.Fitzhugh@dol.gov) and provide your full name and email address.  In most cases, your username and password can be issued to you within 48 hours.

**Q 3.**    **When I try to logon, the system won't accept my username or password?  What should I do?**

    A.  Click on "Password Reminder."  Type in your Groupwise email address and submit it.  The system will send an email message to your Groupwise address within minutes.  Open this message to find out your username and password.  Copy and paste these codes into SHIMS and resume the logon process.

**Q 4.**    **When I type SHIMS.DOL.GOV into my web browser, I get an error message or I can't connect.  What should I do?**

    A.  Try again later, try using Internet Explorer instead of Netscape, or try accessing the site from your Computer Learning Resource lab, where the connection is often more reliable.  (*Forest Service centers may be able to access SHIMS only from Computer Learning Resource Labs due to unique wiring issues.*)  If you still can't get through, contact the person on your center who handles IT problems.  If you can't resolve the problem, contact Marsha Fitzhugh in the National Office of Job Corps (202/693-3099 or Marsha.Fitzhugh@dol.gov).

**Q 5.**    **How can I keep informed about problems with SHIMS?**

    A.  If there is a system-wide problem with SHIMS, the National Office will keep all WCCs informed through group email messages.

**Q 6.**    **If I can't access SHIMS, should I hold my claims until connectivity is restored?**

    A.  Yes.  **Do not file paper claims**.  Most likely, connectivity will be restored in time for you to file your claims electronically and on time.  If you feel that you might

miss the 10-day deadline for filing an OWCP claim due to connectivity problems, contact Marsha Fitzhugh in the National Office of Job Corps (202/693-3099 or Marsha.Fitzhugh@dol.gov).

**Q 7.** **When I try to save or file my claim, I get an error message concerning dates I've entered. What should I do?**

A. The system will identify the date that has an error. Make sure you've used a "mm/dd/yyyy" format for the date (e.g., 03/07/2002). Make sure that all of your dates make sense chronologically (i.e., a supervisor cannot have signed a report earlier than the date she received notice of the student's injury).

**Q 8.** **When I try to save or file my claim, I get an error message concerning the city/state/zipcode I've entered. What should I do?**

A. In July 2002, SHIMS was re-programmed to require a valid city/state/zipcode combination for every claim. Programmers are currently working to update SHIMS, but right now, SHIMS will only accept "default" city/state/zipcode combinations. This means that, even though you've entered a correct city/state/zipcode combination, *SHIMS will reject it if it is not the "default" combination*. In order to find the "default" combination that SHIMS will accept, go to www.usps.com. Click on "Find Zip Codes." In response to the Question, "What are you looking for?" use the drop-down box to enter, "All Cities/Towns in a Zip Code." Then enter the zipcode that SHIMS has rejected, and click on "Submit." A list of all cities/towns associated with that zipcode will be provided. Copy down the city/town that is *first on the list marked "Default*." Return to your SHIMS claim, and enter this city/town name exactly as it appears on list.

**Q 9.** **If the CA-1 form is asking for information that doesn't apply to my claim, what should I do?**

A. Unless the field is mandatory (written in red), leave the field completely blank. Do not write "not applicable" or "no information available."

**Q10.** **The system won't let me print out a claim. What should I do?**

A. Make sure that you are using Internet Explorer as your web browser, and make sure that you have Adobe Acrobat Reader 5.0 or higher installed on your computer. The person who handles IT problems on your center can help you download Acrobat Reader off of the internet at no cost.

**Q11.** **How do I know if the system really received my claim?**

A. Click on the "View Claims" tab. Type in the Internal Control Number of the claim or other identifying information (e.g., student's last name), and retrieve the claim. The "status" indicator in the upper-right corner of the claim will say "Filed with SHIMS" or "Filed with OWCP" if the claim has been received. If the "status" indicator says "Initiation" the claim has not yet been successfully filed with SHIMS/OWCP.

# SHIMS REPORTING MODULE

**Q12.** **How can I find out my timeliness rate and generate trends reports so that I can develop accident prevention strategies?**

A. Access the SHIMS Reporting Module at http://shimsreport.dol.gov. No username or password is required, as this website does not provide confidential information (e.g., student names and SSNs) to users. Follow the steps outlined below and turn to the next page to view screen shots of the SHIMS Reporting Module.

1. Choose 1 of the 4 report modes (Graphical Report, Case Report, OSHA 2014 Report, or Query Report). *Note that the first 3 report modes provide information about OWCP claims only, whereas the Query Report mode provides information about SHIMS claims and OWCP claims. Most often, you will want to select "Query Report" mode.*

2. Select "Job Corps" (<u>not</u> "DOL") as your report scope.

3. Select "summary" report or "detailed" report, depending on how much information you would like in your report.

4. Select the period of time you would like your report to cover. (Since Job Corps transitioned to SHIMS on 01/25/2002, select a start date *no earlier than* 01/25/2002.)

5. Select "Filed with OWCP," "Filed with SHIMS, or "Both" depending on what type of claim you would like your report to include.

6. (Optional) Type in a "Report Title" (e.g., "SHIMS claims filed from July 1 – September 1, 2002") as a reminder to yourself about the type of report you're running. This title will show up on your print-out.

7. Use the drop-down box to select the primary factor you would like your report to be "Summarized By" (e.g., "Injury Type," "JC location," "Timeliness," etc.).

8. Select "Job Corps Center" as your "Report Criteria." Then, use the drop-down box on the *right side of the screen* to select your center.

9. (Optional) Choose another "Report Criteria" (e.g., "Injury Type," "JC location," "Timeliness," etc.) if you'd like to cut the data further.

10. Click on "Show Report."

11. **Print out your report, analyze it, and share your findings and recommendations for preventing injuries with Safety & Health Committees, center management, and others!**

**Safety and Health Information System** SHIMS
U.S. Department of Labor

Graphical Report | Case Report | OSHA 2014 Report | Query Report

SHIMS REPORTING MODULE

Report Scope : ○ DOL ◉ Job Corps

**Query Report**

Report type ▶ [ ▼ ]
Report From ▶ [ ] 🔖 (mm/dd/yyyy)
Report To ▶ [09/03/2002] 🔖 (mm/dd/yyyy)
Include claims ▶ ◉ Filed with OWCP ○ Filed with SHIMS ○ Both
Report title ▶ [ ]
Summary by ▶ [ ▼ ]

Report criteria:
[ ▼ ]

**Show Report**    **Reset**

Done    Internet

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**Safety and Health Information System** SHIMS
U.S. Department of Labor

Graphical Report | Case Report | OSHA 2014 Report | Query Report

SHIMS REPORTING MODULE

Report Scope : ○ DOL ◉ Job Corps

**Query Report**

Report type ▶ [ ▼ ]
Report From ▶ [ ] 🔖 (mm/dd
Report To ▶ [09/03/2002] 🔖 (mm/dd
Include claims ▶ ◉ Filed with OWCP ○
Report title ▶ [ ]
Summary by ▶ [Injury type ▼]

| |
|---|
| ALASKA |
| ALBUQUERQUE |
| ANACONDA |
| ANGELL |
| ARECIBO |
| ATLANTA |
| ATTERBURY |
| BAMBERG |
| BARRANQUITAS |
| BATESVILLE |

Report criteria:
[Job Corps center ▼] ▶ [ ▼ ]
[and ▼] [ ▼ ] ▶

**Show Report**    **Reset**

Done    Internet