

## U.S. Department of Labor

## JOB CORPS APPEAL FORM FOR 6- or 12-MONTH SURVEY DATA

Student Information: (Please Print)		Check Box for Appeal:				
1. Student Identification Number		6-Month Placement <input type="checkbox"/>	6-Month Earnings <input type="checkbox"/>	12-Month Placement <input type="checkbox"/>	12-Month Earnings <input type="checkbox"/>	
2. Last Name		MI	First Name			
3. Center Attended		4. Date Reported to Initial Placement (Work or School):		Month	Day	Year

**Query CIS to Get the Correct Start and End Dates for the Appropriate Survey Week and Enter Dates Below**

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

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

**Section A: Complete this section if appeal is for employment during the week. Attach a pay stub for the time period that includes the start and end dates.**

1. Employer's Name:	
2. Total Hours: (worked during the week in question)	
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)	\$

\* Earnings per hour must equal 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 was enrolled/attended for the minimum hours required for a valid Job Corps placement during the week.**

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 week: _____
<input type="checkbox"/> Post-secondary CTT/Technical School	No. of hours attended in 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 week: _____
<input type="checkbox"/> Other Training	No. of hours attended in week: _____
4. If Other Training, specify type:	

**INFORMATION ON PERSON COMPLETING THE FORM:**

1. Print Your Name:	2. Signature: _____	Date: _____
3. CTS Agency Name/ID Code:	4. Telephone: (      )	
National Office Use Only	<input type="checkbox"/> Approved:	<input type="checkbox"/> Not Approved:
Reviewed by: _____	Date: _____	Reason Not Approved: _____

Attachment B