

MINNEAPOLIS EMPLOYMENT AND TRAINING
 105 SOUTH 5TH AVENUE
 SUITE 200
 MINNEAPOLIS, MN 55401

FOLLOW-UP FORM

TITLE: _____

SSN	LAST NAME	FIRST NAME	MI

FOLLOW-UP SEQUENCE	TERMINATION SUBCODE	TERMINATION DATE	FOLLOW-UP DATE

EMPLOYMENT STATUS	Employed Full Time = 1 Employed Part Time = 2 Unemployed = 3 Not in Labor Force = 4

FOLLOW-UP WAGE

WORKING FOR THE SAME EMPLOYER (Y OR N)

IF NO:

NEW EMPLOYER

STREET ADDRESS

CITY	COUNTY	STATE	ZIP CODE

PHONE (INCLUDE AREA CODE)

JOB TITLE	ONET CODE

HOURLY WAGE

HOURS PER WEEK

NEW START DATE

STAFF SIGNATURE:	DATE SIGNED: