



Mandatory Employment Period Report

Participant Information		
¹ Participant Name:	² STARS Number:	³ SSN:
⁴ Telephone Number:	⁵ E-mail address (if you have one):	⁶ Business Name:

Monthly Record: (Date format mm/dd/yyyy)		
⁷ Week 1 Start Date:	⁸ Week 1 End Date:	⁹ Total Hours:
Week 2 Start Date:	Week 2 End Date:	Total Hours:
Week 3 Start Date:	Week 3 End Date:	Total Hours:
Week 4 Start Date:	Week 4 End Date:	Total Hours:
Week 5 Start Date:	Week 5 End Date:	Total Hours:
Week 6 Start Date:	Week 6 End Date:	Total Hours:
Week 7 Start Date:	Week 7 End Date:	Total Hours:
Week 8 Start Date:	Week 8 End Date:	Total Hours:
Week 9 Start Date:	Week 9 End Date:	Total Hours:
Week 10 Start Date:	Week 10 End Date:	Total Hours:

¹⁰ Program
<p>This mandatory employment period applies to the following program:</p> <p><input type="checkbox"/> Associate Degrees, Bachelor Degrees and Post-Graduate Endorsements</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1,000 hours for an Associates Degree; <input type="checkbox"/> 2,000 hours for a Bachelor's Degree; and <input type="checkbox"/> 750 Hours for a Post-Graduate Endorsement. <p><input type="checkbox"/> Apprenticeship Program for Child Care Development Specialists</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1,000 hours of participant employment for the sponsoring child care business. <p><input type="checkbox"/> Child Development Associate (CDA) Certificate</p> <ul style="list-style-type: none"> <input type="checkbox"/> 500 hours of employment for each CDA certificate, CDA certificate renewal or second setting CDA certificate provided through the CDA program. <p><input type="checkbox"/> Training Grants</p> <ul style="list-style-type: none"> <input type="checkbox"/> \$500 or less, the mandatory employment period is 100 hours; and <input type="checkbox"/> More than \$500, the mandatory employment period is 250 hours.

If ten (10) weeks is not enough to complete your Mandatory Employment hours, please make another copy of the first page to continue recording your hours.

Signature

I have reviewed this document and verified that the hours reported are a complete and accurate record of hours worked and are consistent with the business documentation for this time period. DWS reserves the right to request verification documentation at any time.

Participant Signature _____ Date _____

Printed Name _____ Title _____

Owner/Director Signature _____ Date _____

Printed Name _____ Title _____

Office Use ONLY
Date Postmark:
Date Received:
Application/Contract No.:
Date Approved:



Instructions for Mandatory Employment Period Report

Mandatory Employment Reports must be completed on the official Mandatory Employment Period Report form and be mailed or hand delivered to:

Department of Workforce Services
WY Quality Counts
614 South Greeley Highway
Cheyenne, WY 82002

Participant Information

1. Participant Name – Name of the employee receiving educational/training services.
2. STARS Number – Statewide Training and Resource System Number.
3. SSN – Social Security Number of the employee receiving educational/training services.
4. Telephone Number – Telephone number where Participant can be contacted.
5. E-Mail Address – E-Mail address where Participant can e-mailed.
6. Business Name – Legal name of business Participant is fulfilling mandatory employment through.
7. Week Start Date – The first day of the pay period for the start of the work week following completion of training or formal education.
8. Week End Date – The last day of the pay period for the end of the work week following completion of training or formal education.
9. Total Hours – Total Hours worked from week X start date to week X end date.
10. Program – Check the box that indicates the WY Quality Counts! Program currently enrolled in and which degree/curriculum this applies report applies to.

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