

DATE STAMP HERE



In School

Out of School

## WORK EXPERIENCE CHECKLIST

To expedite your WEX requests, please submit this coversheet checklist with the proper forms. Paperclip the forms in the following order:

Name: \_\_\_\_\_ Last Four Digit of SSN: \_\_\_\_\_

- |  | In Packet                | City<br>Initials |
|--|--------------------------|------------------|
| 1. WEX Agreement from the City of Phoenix                                  | <input type="checkbox"/> | _____            |
| 2. Copy of the entire ISS and Revisions                                    | <input type="checkbox"/> | _____            |
| 3. Skill Attainment Record (as applicable)                                 | <input type="checkbox"/> | _____            |
| 4. Labor Market Information  | <input type="checkbox"/> | _____            |
| 5. Is the WEX a high demand occupation or PWC identified industry cluster? |                          |                  |
| Yes <input type="checkbox"/> No <input type="checkbox"/>                   |                          |                  |

If not, please justify.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Justification in VOS and Case File      Yes  No

CASE MANAGER: \_\_\_\_\_ DATE \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ DATE \_\_\_\_\_

CITY APPROVAL: \_\_\_\_\_ DATE \_\_\_\_\_

\* Please provide the required documentation noted above for approval.

ADDITIONAL COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTIFY APPROVAL TO: \_\_\_\_\_  
Name Phone Email