

DATE STAMP HERE



- In School
- Out of School
- WIA
- ARRA

WORK EXPERIENCE REVISION FORM

TO:	DATE OF ACTION:
FROM:	AGENCY NAME:
STATUS: <input type="checkbox"/> Date Extension <input type="checkbox"/> Hour Increase <input type="checkbox"/> Hold <input type="checkbox"/> Site Change <input type="checkbox"/> Incomplete <input type="checkbox"/> Void	

Participant Name:	Last 4-Digits of S. S. #:
Work Experience Work Site:	WEX Reference Date Stamp:

An increase in hours is requested because:

Original Approved Hours:	# of Hours Increased :	Total Hours (Original Approved Hours PLUS # of Hours Increased:
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Hours can not exceed 200 hours. Please refer to the Work Experience Policy and Procedure.

An extension of the work experience is requested because:

Original End Date:	New Estimated End Date:
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A hold is requested on the Work Experience because:

If applicable, Original Start Date:	If applicable, New Start Date:	If applicable, Original End Date:	If applicable, New End Date:
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A change of location on the Work Experience is requested because:

Old Site:	New Site:
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Incomplete / Void / Deobligate because:

Original Approved Hours:	Hours Completed as of _____:			
Total Incomplete Hours:	Hourly Wage:	Total w/o Fringe:	Fringe (12%):	Total Deobligation:

**Case File and VOS clearly reflects and justifies the WEX Revision.
Copy of WEX Revision must be placed in file once approved.**

Agency Authorized Signature

Date

City Authorized Signature

Date

Office Use Only (Confirmation)	
Attempt	Date
Phone	
Email	