Individual Employment Plan

☐ HIGH DESERT AJCC ☐ WEST VALLEY AJCC ☐ EAST VALLEY AJCC

Customer Name:		**Last 4-SSN:**	

A. Customer's employment goal:

B. Customer completed and/or participated in the following prior to IEP creation:

☐ Initial Assessment
☐ Job Referral Service
☐ Professional Edge
☐ STEPS
☐ Development of Quality Resume
☐ Other:
☐ Other:
☐ Other:

C. Customer to participate in the activities listed below in order to achieve his/her employment goal:

Activity	Expected completion date	Comments
Choose an Item		
Choose an Item		
Choose an Item		
Choose an Item		
Choose an Item		

D. Certification and Release

The employment goal listed above is supported by current labor market conditions of the area in which I am looking for work. I agree to the plan listed above and in any addenda. I understand the plan may be subject to modification and revision. I understand that follow-up services are available to me as part of this plan after I obtain unsubsidized employment. I understand the results of my enrollment and participation in Workforce Innovation and Opportunity Act (WIOA) activities are counted in WIOA performance standards; WIOA staff may contact me after my participation has ended to request information about my employment and/or training.

I AGREE TO NOTIFY MY ADVISOR OF CHANGES IN MY EMPLOYMENT STATUS, TRAINING STATUS, AND ANY OTHER SITUATION THAT MAY AFFECT MY ABILITY TO PARTICIPATE IN THE ACTIVITIES LISTED ABOVE.

Customer Signature: _____ **Date:** _____

Advisor Signature: _____ **Date:** _____

E. Amendments

All amendments to the IEP made after the customer's signature above, must be signed for in the table below.

	Date of amendment	Customer Signature	Advisor Signature
1			
2			
3			
4			