



Individual Employment Plan

 EAST VALLEY AJCC

 HIGH DESERT AJCC

 WEST VALLEY AJCC

Customer Name: _____	Last 4-SSN: _____
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A. Customer's employment goal: _____

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

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

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

Activity	Expected Completion Date/Time	Comments

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			