



# Individual Employment Plan

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

|   |                                      |                               |                          |
|---|--------------------------------------|-------------------------------|--------------------------|
| <b>Customer Name:</b>   |                                      | <b>Last 4-SSN:</b>            |                          |
| <b>A. Customer's employment goal:</b>   |                                      |                               |                          |
| <b>B. Customer completed and/or participated in the following prior to IEP creation:</b>  |                                      |                               |                          |
| Initial Assessment  |                                      | Development of Quality Resume |                          |
| Job Referral Service  |                                      | Other:                        |                          |
| Professional Edge   |                                      | Other:                        |                          |
| STEPS   |                                      | Other:                        |                          |
| <b>C. Customer to participate in the activities listed below in order to achieve his/her employment goal:</b>   |                                      |                               |                          |
| <b>Activity</b>   | <b>Expected Completion Date/Time</b> | <b>Comments</b>               |                          |
|   |                                      |                               |                          |
|   |                                      |                               |                          |
|   |                                      |                               |                          |
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|   |                                      |                               |                          |
| <b>D. Certification and Release</b>   |                                      |                               |                          |
| <p>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.</p> <p>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.</p> <p><b>Customer Signature:</b> _____ <b>Date:</b> _____</p> <p><b>Advisor Signature:</b> _____ <b>Date:</b> _____</p> |                                      |                               |                          |
| <b>E. Amendments</b>  |                                      |                               |                          |
| All amendments to the IEP made after the customer's signature above, must be signed for in the table below.   |                                      |                               |                          |
|   | <b>Date of amendment</b>             | <b>Customer Signature</b>     | <b>Advisor Signature</b> |
| 1   |                                      |                               |                          |
| 2   |                                      |                               |                          |
| 3   |                                      |                               |                          |
| 4   |                                      |                               |                          |