

## Wisconsin Youth Apprenticeship (YA) Program Employment Verification

**Use of this form:** This form is required to be filled out by YA employers for each Youth Apprentice and uploaded by YA Grant recipients as proof of completion of the work-based requirements by their Youth Apprentices, as detailed in the Wisconsin Youth Apprenticeship Manual and the YA Grant Guidelines. Department of Workforce Development oversight of the YA Program is outlined in Wis. Stat. §106.13. Submission of this form, fully completed, is required for YA program completion and award to the Youth Apprentice of the YA Certificate of Occupational Proficiency.

Youth Apprentice Name		
Employer Name		
YA Start Date	YA End Date	Total Paid Youth Apprenticeship Hours

I attest that I have used the On-the-Job Learning (OJL) Guide for this student's chosen occupational pathway, reviewed the listed competencies with the youth apprentice and evaluated their performance throughout the apprenticeship.

I attest that the student has demonstrated proficiency in all required competencies from the appropriate OJL Guide.

I attest that this student was mentored throughout their Youth Apprenticeship as required and described in the YA Grant Guidelines and Youth Apprenticeship Manual.

Employer Representative Signature	Date Signed
Printed Name	Title/Position

**Confidentiality Notice:** The use or disclosure by any party of any Confidential Information concerning eligible individuals who receive services from the Grantee for any purpose not connected with the administration of the Grantee's or the Department's responsibilities under the YA Grant Contract is prohibited, except with the informed written consent of the eligible individual or the individual's legal guardian.