Today's Date

Participant Name

Participant's Address

City, WI ZIP

Dear Mr. / Mrs. Last Name,

This letter is to notify you under WIOA policy, participants must be exited from the program

when they have not received services for 90 days and no further services are planned. As 90 days or more have passed since your last service, your WIOA case has closed.

We would like to thank you for your participation with the WIOA [Adult / Dislocated Worker/ Youth] program and hope it has been helpful in finding sustainable employment.

Please note that you may be eligible to re-enter the WIOA program at a later date. You can contact us anytime to learn more about re-enrollment.

If you have any questions, please feel free to contact me.

Sincerely,

Career Planner Name

Title

Phone Number

E-mail Address