



# Commitment of Understanding and Agreement

***Participant must read and initial each line.***

1. \_\_\_\_\_ I have reviewed and participated in the development of the Individual Employment Plan (EP), and I agree to the conditions and objectives.
2. \_\_\_\_\_ I understand the EP is a long-range and does not commit any WIOA service provider to provide a specific service and is subject to the availability of funds and is not a guarantee for services.
3. \_\_\_\_\_ I understand that continuation in any part of the Workforce Innovation and Opportunity Act (WIOA) depends upon the availability of funds.
4. \_\_\_\_\_ I understand that I must maintain good attendance, work habits and performance to continue receiving services.
5. \_\_\_\_\_ I will inform my case manager of changes which affect my participation in this plan. Some examples are: illness, accident, dropping school, obtaining employment; also changes in family status, address, phone number, etc.
6. \_\_\_\_\_ I understand the ultimate purpose of my participation is to obtain and maintain employment and actively seek and accept appropriate employment.
7. \_\_\_\_\_ I understand that WIOA funds are funding of last resort, and that I may be required to apply for assistance through other programs including but not limited to Federal Student Aid.
8. \_\_\_\_\_ I certify I have a copy of the WIOA EO Notice and Programmatic Complaint Notice. I have been informed of the steps for filing a complaint or grievance.
9. \_\_\_\_\_ I have been provided information about the purpose of the Program and Missouri Job Center, the type and extent of services and training available, the name of my case manager, and their expectations.
10. \_\_\_\_\_ I have been informed of available jobs in the area, the salaries of jobs available and what skills are required.
11. \_\_\_\_\_ I understand Follow-Up services will be provided by the local staff to assist with my employment and training needs.
12. \_\_\_\_\_ I understand that all information is kept confidential.
13. \_\_\_\_\_ I am committed to my plan, goals, and objectives.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Workforce Development Board of North Missouri is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Missouri TTY users can dial 711. This information can be translated into another language if requested. Please contact the WDB Office for translation assistance.

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