



RI WORK IMMERSION PROGRAM Unemployed Adults and RI Employers

Retention Form

Fiscal Year 2017: August 1, 2016 – June 30, 2017

To obtain additional 25% wage reimbursement, this form must be submitted by the employer along with applicable wage records by email to Sherri Carello of the Governor's Workforce Board (GWB) at sherri.carello@dlt.ri.gov.

12 weeks of wage records must be submitted or your reimbursement will not be processed

WI-UI-17-_____

To be completed by employer

Employer: _____

Supervisor first name: _____ Supervisor last name: _____

Participant first name: _____ Participant last name: _____

Start date of permanent position: _____ Hours/week as permanent employee: _____

Hourly rate as permanent employee: _____

Is the participant still employed? Yes No

If no, date of termination: _____

Supervisor Signature

Date

To be completed by GWB staff

Employer has submitted 12 weeks of the participant's wage records

25% hiring reimbursement by GWB: \$ _____

Reviewed by: _____ Approved by: _____ Date: _____