

WEX BI-WEEKLY CONTACT RECORD

Service Provider: _____ Date: _____

Participant Name: _____ Occupation: _____

Worksite: _____ Contract No. _____

Participant Questions:

1. Is the work you are performing following the WEX summary you were given? _____

2. Are you getting the training you need to do the work in this occupation? _____

3. Are there any problems that we could help you with at this time? _____

4. Comments?

Participant's Signature _____

Worksite Supervisor Questions:

1. Is the individual performing to your satisfaction? _____

2. Do you foresee any problems in completing the WEX contract? _____

Authorized Signature _____

Service Provider's Evaluation and/or Corrective Action:

Signature: _____

Date: _____