

## INDIVIDUAL EMPLOYMENT PLAN (IEP)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Education			
Degree Held	<input type="checkbox"/> NA	1.	2.
Licenses Held	<input type="checkbox"/> NA	1.	2.
Assessments			
MCIS Assessments Completed	1.	2.	3.
Other Assessments Completed	1.	2.	3.
Careers Identified After Assessments	1.	2.	3.
Chosen Occupation			
1.			
Labor Market Information			
What is the average wage for this career?			
What is the anticipated growth for this career?			
Will jobs be available?			
Does this career require a degree or completion of a training program?			
Is training available for this career?			
Is the training provider on an ETPL?			
Steps Necessary to Obtain Chosen Occupation			Due Date
Step 1.			
Step 2.			
Step 3.			
Factors Identified			
Things I may need help with in order to obtain employment in my chosen occupation.	<input type="checkbox"/> Transportation <input type="checkbox"/> Housing <input type="checkbox"/> Childcare	<input type="checkbox"/> Tools <input type="checkbox"/> Work Clothes <input type="checkbox"/> Training	<input type="checkbox"/> Resume <input type="checkbox"/> Interviewing <input type="checkbox"/> Job Search

## WIOA Client Agreement

1. I recognize that I will be responsible for paying back loans if my plan requires me to go into debt for training (i.e. student loans).
2. I have read and do understand the information presented concerning my chosen career and the demand for it in the community, and understand services are not guaranteed. This is not an entitlement program.
3. I understand that it is my obligation to maintain contact with my case manager at least once a month for the duration of my enrollment in the program.
4. I understand that I may be required to return any tools or equipment provided to me by this program in the event that I do not successfully complete my training or meet my employment goal.
5. It has been explained to me and I agree that the ultimate goal is my placement in unsubsidized employment leading to self-sufficiency. I understand my responsibility to work toward this goal.
6. WIOA is an equal opportunity program and that auxiliary aids and services are available upon request to individuals with disabilities. If you believe that you have been treated unfairly during your participation, you may file a grievance within 180 days from the date of the alleged occurrence. You may file a grievance directly with the service provider or with the State WIOA Equal Opportunity Officer, Joe Rangitsch, by phone at (406) 444-4093, by email at [DLIWSDComplaintSystem@mt.gov](mailto:DLIWSDComplaintSystem@mt.gov), or by mail at: Department of Labor & Industry, PO Box 1728 Helena, MT 59624-1728. If a decision is not issued within 60 days of filing a complaint, or if you wish to appeal a decision issued by the State, you may file an appeal to the Secretary of Labor. The appeal must be filed within 120 days of the initial complaint or appeal filing. The requests for appeal must be submitted by Certified Mail, return receipt requested to:

Secretary of Labor  
US Department of Labor  
200 Constitution Ave NW  
Washington, DC 20210  
ATTN: ASET

A copy of the appeal must be sent to:

ETA Region 4 Administrator  
US Department of Labor  
Employment and Training Services  
525 South Griffin Street  
Dallas, TX 75202

\_\_\_\_\_  
Signature of Client Date: \_\_\_\_\_

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