

Workforce Development Training Fund Quarterly Progress Report

Company Name:	Contract Number:
Reporting Period:	Date Submitted:
Submitted by:	

1. Number of full time employees at start of contract.
2. Number of full time employees at quarter end.
3. Are you on track with your expansion or retention plan? Please explain.
4. If you were unable to provide training for reimbursement this quarter please explain:
5. Would you like to meet with a Business Specialist to discuss workforce challenges you might be facing?