



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY
LANSING

JEFF DONOFRIO
DIRECTOR

OFFICIAL
Policy Issuance (PI): 18-27 Change 1

Date: February 11, 2020

To: Michigan Works! Agency (MWA) Directors

From: Joe Billig, Division Administrator **SIGNED**
Targeted Services Division
Workforce Development

Subject: Participant and Employer Success Stories

Programs Affected: All Programs Administered by the MWAs

References: All applicable state and federal acts, rules, and regulations governing programs administered by the Michigan Department of Labor and Economic Opportunity – Workforce Development (LEO-WD).

PI 18-27 issued 08-3-2018

Rescissions: None

Background: WD receives numerous requests for success stories from the United States Department of Labor, the Governor's Office, and other interested parties. Success stories are used to highlight the good work of the MWAs as well as successful outcomes of WD-funded programs. Maintaining a repository of participant and employer success stories assists WDA in responding to requests for such stories throughout the year, as appropriate.

Policy: WD is requesting all MWAs submit at least one success story from each column listed on Attachment B, as applicable, and at least three employer success stories within the fiscal or program year, for a total of 16 success stories annually. If a particular category is not applicable to an MWA, then an additional story from one of the other categories listed on Attachment B should be submitted. For example, the MWAs who do not have a Migrant and Seasonal Farmworker population are excluded from the requirement to submit a success story for that category but should submit an additional success story from one of the other categories identified on Attachment B to meet the annual story submission total stated above.

A minimum of four success stories should be submitted to WD each quarter. Selected success stories should reflect positive outcomes resulting from services provided through local programs during the current fiscal or program year. Success stories are not required to be solely based on services provided during the current fiscal or program year; they may also focus on participants who were exited during the current fiscal or program year subsequent to receiving services during a prior fiscal or program year. Each submitted success story should include a brief narrative description. Although a photo is not required, the MWAs are strongly encouraged to submit at least one color photo with a caption crediting the photographer and the MWA, featuring the subject of the success story and a completed release form.

Release Form

The MWAs must submit a release form authorizing the use of the success story and, if available, accompanying photo. The MWA may utilize a locally designed release form, the Universal Release Form issued through the Michigan Works! Association, the attached sample release form (Attachment A), or any other MWA recognized release form, including the form that was signed by the participant at the time of registration. Attachment A may be modified to include additional information the MWA desires to capture.

Details

Success stories should be between 150 and 500 words and should include all of the information contained in the attached sample template (Attachment B). Michigan Works! Prosperity Award nominees (formerly the Michigan Works! Alumni Award) may be used to fulfill success story submission requirements outlined in this policy, as appropriate.

Narrative

The MWAs may utilize a locally designed template of their choosing in place of Attachment B, as long as it includes all of the information requested in Attachment B.

Photograph

Along with each submitted success story, the MWAs are strongly encouraged to submit at least one color photo with a caption crediting the photographer and the MWA. If the success story is about a job seeker who obtained employment as a result of receiving services, the photo(s) should show the job seeker performing their job. If the success story is about a satisfied employer, the photograph(s) should reflect the employer's business. Color photos should be submitted as a separate file in .jpg format and with as high of a resolution as possible.

Action: The MWA officials shall take the appropriate actions necessary to implement the directives of this policy. Success stories for the time period of January 1, 2020 – March 31, 2020 , should be submitted electronically to TED-TSDIV@michigan.gov within 30 days following the issue date of this policy. For subsequent quarters, success stories should be submitted within 30 days following the end of the quarter to TED-TSDIV@michigan.gov.

Inquiries: Questions regarding this policy should be directed to your assigned state coordinator.

This policy is available for downloading from [WD's website](#).

WD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Please contact Ms. Whitney Wasser at 517-241-1018 or by email at wasserw@michigan.gov for details.

WD is funded by State and Federal funds; more details are available on the Legal Disclaimer page at www.michigan.gov/WDA.

Expiration

Date: Continuing

JB:TB:ww
Attachment(s)

AUTHORIZATION TO RELEASE INFORMATION

I hereby grant the Michigan Works! Agency (MWA), including any of its designated officers, employees, agents, or contractors, within its absolute discretion, permission to release, disseminate, or use in any manner it sees fit the attached documents and any information contained therein, as well as my photograph if provided, as a likeness of me, for same use. I also grant permission for the MWA, including any of its designated officers, employees, agents, or contractors, to use my name in connection with these photographs and information.

I hereby waive any claim arising out of such release, dissemination, or use.

Signature: _____

Printed Name: _____

Address: _____

Date: _____

(Shaded Area for Office Use Only)

Information and/or Photo Received and Submitted

By: _____

MWA Name: _____

Subject Matter: _____

SUCCESS STORY DETAILS

MWA Name: _____
 MWA Contact Name: _____ Title: _____
 Phone Number: _____ Email: _____
 Program Year/Fiscal Year _____ Quarter _____

Job Seeker Name: _____
 Phone Number: _____ Email: _____
 Employer Name: _____
 Title: _____
 Phone Number: _____ Email: _____

Category (Check One): <input type="checkbox"/> WIOA Adult <input type="checkbox"/> WIOA Dislocated Worker <input type="checkbox"/> WIOA In-School Youth <input type="checkbox"/> WIOA Out-of-School Youth <input type="checkbox"/> WIOA Waiver	<input type="checkbox"/> Trade Adjustment Assistance <input type="checkbox"/> Veterans <input type="checkbox"/> Migrant & Seasonal Farmworker <input type="checkbox"/> PATH <input type="checkbox"/> Employment Services <input type="checkbox"/> FAE&T	<input type="checkbox"/> Adult Ed (Title II) <input type="checkbox"/> Business Resource Networks <input type="checkbox"/> Going PRO Talent Fund <input type="checkbox"/> Michigan Industry Cluster Approach <input type="checkbox"/> State Apprenticeship Expansion <input type="checkbox"/> Other _____ <input type="checkbox"/> RESEA
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Success Story Title: _____

Background (Including a brief overview of the customer's challenge or situation.): _____

Date Service(s) Began: _____ Service(s) Provided (Include how the MWA helped the customer overcome their challenge[s]): _____

Other Key Partner(s) Involved (If applicable): _____

Activities/Highlights/Accomplishments: _____

Outcome(s), including a testimonial and the result of the services the customer received): _____

Challenges or Lessons Learned: _____

Required Information for Job Seekers

- Previous occupation and rate of pay, if available.
- Current occupation and rate of pay, if available.
- Length of employment with current employer.
- Information concerning any promotions or raises received.
- Other information, as appropriate.

Required Information for Waivers

- Waiver type.
- Services Provided to the job seeker or employer.
- Outcome(s) produced from the service(s) rendered.
- Any barriers or challenges to waiver implementation.

Required Information for Employers

- Number of individuals trained as a result of service(s) rendered.
- Number of positions filled as a result of service(s) rendered.
- Number of jobs created as a result of service(s) rendered.
- Other information, as appropriate.