



Ex-Felon Conviction Request for WOTC Program

Employer Name/Address Requesting Tax Credit	If Applicable, Power of Attorney Name/Address
---	---

Completion of both Employer and Power of Attorney information is necessary for Unemployment Insurance Agency (UIA) record keeping

Applicant's Name: _____

Social Security number: _____

I, the individual named above, am authorizing the release of the requested information for the Work Opportunity Tax Credit (WOTC) Program. I understand that the information may be sent directly to the above-named employer, their designated Power of Attorney or directly to the Unemployment Insurance Agency. I understand this information is used by participating state agencies for the specific purpose of the federal jobs program, WOTC.

Signature

Date

Information below is to be completed by Parole Officer

Last date sentenced for a felony conviction: _____ If incarcerated, list last period (include any prison, boot camp or work release program):

Date began incarceration: _____ Date ended incarceration: _____

If not incarcerated, then date began probation: _____

Name of Parole Officer: _____
Print Name

Signature of Parole Officer: _____

Telephone Number of Parole Officer: _____

Please attach a business card, agency letterhead, agency stamp or write the agency address.

Parole Officer's Agency Address: _____

Send directly to the WOTC Unit by mail or fax to:

State of Michigan - UIA
WOTC Unit
PO Box 8067
Royal Oak, MI 48068-8067
Fax number: (313) 456-2132

If you have any questions contact the WOTC Unit at (313) 456-2105 or 1-800-482-2959.
TTY customers call 1-866-366-0004