Employment Verification EAP Form 2.05 (Rev. 01/18)					Educationa Madi	State of al Approv P.C son, WI (603
School Name:						
Reporting Period ² :	July 1, 20 thru June	30, 20 (standard reporting	year)			
(Select One)		thru				
Student Name (Completer)	Program Student Completed	Employer Name ³ (use "na" if the student did not find employment)	Position or Job Title	Employer Contact (include name and phone number)	Date Student Began Employment	
Ellie Barbeau	Yes	Hartland Spa	LMT			
Caleb Mooney	Yes	?	LMT			
Shay Vetterman	Yes	River lakes pain & wellness	LMT			
Chico Mcknight	Yes	military base	yoga teacher			
Ashley Sponholtz	Yes	YMCA	yoga teacher			
Yulia Pavlova	Yes	Everyday Bliss	yoga teacher			
Kiara Libnoch	Yes	Madison studio	yoga teacher			
Rhine Tehan	Yes	Self Employed	yoga teacher			
Taylor Duffrin	Yes	Self Employed	yoga teacher			
NOTE: To insert new rows in the t	able, place the cell reference poi	nter in the last row (prior to entering	g data) and CLICK INSERT on	the MENU BAR and then SELECT I	ROWS.	

¹ The following definitions apply to the terms as used in the column headings (and on the renewal application): Completers – Students who completed their program and received their degree, diploma or certificate during the reporting year. Employed – Completers who found new employment in a training-relation field, students who advanced with their current employer as a direct result of training provided by the school or students whose employer required complete of the program. **Only report data for individuals who are considered Wisconsin students [see Wis. Admin. Code s. SPS 401.01 (35)]**.

² Enter the end date of the twelve month reporting period you will use when you submit your next renewal application. The reporting period as defined on the renewal application is the "most recently completed" (at the time you complete the renewal forms) twelve-month fiscal period on which the school operated ending on a date no earlier than fifteen months [prior to the date of completing the renewal application]

priority on a date no carrier man internation (prior to are date or completing the renewal approxition).

³ If a completer is self-employed or is o	continuing their educati	onal studies (at your sch	ool or another school), pl	ease use SE or CE, respe	ctively.

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Date Employer	
Date Employer was Contacted	
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