



RI WORK IMMERSION PROGRAM Unemployed Adults and RI Employers

Retention Form

Fiscal Year 2018: August 1, 2017 – June 30, 2018

To obtain additional 25% wage reimbursement, this form must be submitted by the employer along with applicable wage records by email to Matthew O'Brien of the Governor's Workforce Board (GWB) at matthew.obrien@gwb.ri.gov

12 weeks of wage records must be submitted or your reimbursement will not be processed

WI-UI-18-_____

To be completed by employer

Employer: _____

Supervisor first name: _____ Supervisor last name: _____

Participant first name: _____ Participant last name: _____

*Start date of permanent position: _____ *Hours/week as permanent employee: _____

*Hourly rate as permanent employee: _____

Is the participant still employed? Yes No

If no, date of termination: _____

Supervisor Signature

Date

To be completed by GWB staff

Employer has submitted 12 weeks of the participant's wage records

25% hiring reimbursement by GWB: \$ _____

Reviewed by: _____ Approved by: _____ Date: _____