

EMPLOYER SERVICES REPORT (ETA FORM 9131)

OMB No. : 1205-NEW

Expires: xx/xx/xxxx

Average Response Time Range: 13 - 24 Hours

A. GRANTEE IDENTIFYING INFORMATION

1. Grantee Name: 	3. Workforce Programs <input type="checkbox"/> Wagner-Peyser Employment Service <input type="checkbox"/> WIA Title I Programs <input type="checkbox"/> Jobs for Veterans State Grants-DVOP/LVER Programs
2. Grantee Mailing Address: City _____ State _____ Zip Code _____	4. Report Quarter End Date: _____ mm/dd/yyyy 5. Report Due Date: _____ mm/dd/yyyy

Performance Information	Previous Quarter (A)	Current Quarter (B)	Cumulative 4-Qtr Period (C)
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B. CUSTOMER SUMMARY INFORMATION

B.1 EMPLOYER CUSTOMERS SERVED

1. Total Employer Establishments Served			
1a. Less than 100 workers			
1b. 100 - 499 workers			
1c. 500 or more workers			

B.2 EMPLOYER CUSTOMERS SERVED AND JOB OPENINGS BY INDUSTRY SECTOR

	Total Employers (A1)	Total Job Openings (A2)	Total Employers (B1)	Total Job Openings (B2)	Total Employers (C1)	Total Job Openings (C2)
1. Totals (All Industry Sectors)						
2. Agriculture, Forestry, Fishing/Hunting						
3. Mining						
4. Utilities						
5. Construction						
6. Manufacturing						
7. Wholesale Trade						
8. Retail Trade						
9. Transportation and Warehousing						
10. Information						
11. Finance and Insurance						
12. Real Estate and Rental and Leasing						
13. Professional, Scientific, and Technical Svcs.						
14. Mgmt. of Companies and Enterprises						
15. Admin. and Spt. Waste Mgmt and Remediation Svcs.						
16. Educational Services						
17. Health Care and Social Assistance						
18. Arts, Entertainment, and Recreation						
19. Accommodation and Food Services						
20. Other Services (except public administration)						
21. Public Administration						
22. Federal Contractors						

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Performance Information	Previous Quarter (A)	Current Quarter (B)	Cumulative 4-Qtr Period (C)				
C. CUSTOMER SERVICES AND ACTIVITIES							
1. Business Information and Support Services							
2. Workforce Recruitment Assistance							
3. Strategic Planning/Economic Development Activities							
4. Untapped Labor Pools Activities							
5. Training Services							
5a. Incumbent Worker Training Services							
6. Rapid Response/Business Downsizing Assistance							
6a. Planning Layoff Response							
D. PERFORMANCE RESULTS (OPTIONAL)							
1. State Determined Measure #1			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Numerator</td> <td style="width: 50%; text-align: center;">Numerator</td> </tr> <tr> <td style="text-align: center;">Denominator</td> <td style="text-align: center;">Denominator</td> </tr> </table>	Numerator	Numerator	Denominator	Denominator
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E. REPORT CERTIFICATION/ADDITIONAL COMMENTS							
1. Report Comments/Narrative:							
2. Name of Grantee Certifying Official/Title:	3. Telephone Number:	4. Email Address:					

OMB Burden Statement: These reporting instructions have been approved under the Paperwork Reduction Act of 1995. Persons are not required to respond to this collection of information unless it displays a currently valid OMB number. Obligation to respond is required to obtain or retain benefits (Workforce Investment Act [Section 185(a)(2)] and Wagner-Peyser Act [29 USC 49j]). Public reporting burden for this collection of information, which is to assist with planning and program management and to meet Congressional and statutory requirements, includes time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate, or any other aspect of this collection, including suggestions for reducing burden, to the U.S. Department of Labor, Employment and Training Administration, Office of Performance and Technology, Room S-5206, 200 Constitution Avenue, NW, Washington, DC 20210.

Green shading indicates section where changes were made blue text indicates new/revised language within that section

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A. GRANTEE IDENTIFYING INFORMATION						
1. Grantee Name:			<div style="background-color: #e0ffe0; padding: 2px;"> 3. Workforce Programs <input type="checkbox"/> Wagner-Peyser Employment Service <input type="checkbox"/> WIA Title I Programs <input type="checkbox"/> Jobs for Veterans State Grants-DVOP/LVER Programs </div>			
2. Grantee Mailing Address:			4. Report Quarter End Date:		mm/dd/yyyy	
City _____ State _____ Zip Code _____			5. Report Due Date:		mm/dd/yyyy	
Performance Information	Previous Quarter (A)	Current Quarter (B)	Cumulative 4-Qtr Period (C)			
B. CUSTOMER SUMMARY INFORMATION						
B.1 EMPLOYER CUSTOMERS SERVED						
1. Total Employer Establishments Served						
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B.2 EMPLOYER CUSTOMERS SERVED AND JOB OPENINGS BY INDUSTRY SECTOR						
	Total Employers (A1)	Total Job Openings (A2)	Total Employers (B1)	Total Job Openings (B2)	Total Employers (C1)	Total Job Openings (C2)
1. Totals (All Industry Sectors)						
2. Agriculture, Forestry, Fishing/Hunting						
3. Mining						
4. Utilities						
5. Construction						
6. Manufacturing						
7. Wholesale Trade						
8. Retail Trade						
9. Transportation and Warehousing						
10. Information						
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Performance Information	Previous Quarter (A)	Current Quarter (B)	Cumulative 4-Qtr Period (C)						
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2. Grantee Mailing Address: City _____ State _____ Zip Code _____		4. Report Quarter End Date: <div style="text-align: right;">mm/dd/yyyy</div>	
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