**SFY22/23 - Pay for Performance Direct Appropriation**

**Organization Name:**

**Grant #:**

**Reporting Month/Year:**

*(Attach this form to your RPR when requesting reimbursement)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Participant** **First Name** | **Participant** **Last Name** | **WF1 ID** | **Name of Employer** | **Employment Start Date/One Year Retention Anniversary Date** | **Placement or Retention** | **Rate Amount** |
| **EXAMPLE:** *Jane* | *Smith* | *1111111* | *Target* | *1/24/2022* | *Placement* | *$11,000* |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
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|  |  |  |  |  | **Total:** | **$**       |

Please make sure that you have uploaded an employment verification (i.e., pay stub, offer letter, completed employment verification form, or another verifiable document from the employer) into the participant’s Workforce One Electronic Document Storage (EDS).

Retentions may only be requested quarterly (May, August, November, February)

**Pay for Performance Retention Payment Schedule**

|  |  |
| --- | --- |
| **Participant 1 Year Anniversary Month** | **Bill DEED on Monthly Invoice** |
| January, February, March | May |
| April, May, June | August |
| July, August, September | November |
| October, November, December | February |