

Oklahoma Employment Security Commission



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Oklahoma Employment and Training Issuance 22-2010

TO: Local Workforce Investment Boards

FROM: Richard J. Gilbertson, Director
Workforce Integrated Programs Division

DATE: November 5, 2010

SUBJECT: Reporting On-The-Job Training Success Stories, and News Media and Media Production Release of Information

PURPOSE: To provide guidelines on reporting On-The-Job Training success stories, including a standard participant release of information form to be utilized by Local Workforce Investment Boards (LWIBs).

MESSAGE: As a condition of the On-The-Job Training National Emergency Grant, the Department of Labor requires recipients to provide information on the OJT program in the form of 'Success Stories'. The State of Oklahoma has extended this requirement to include recipients of OJT Jobs for Oklahomans Now! funds. These 'Success Stories' may include newspaper articles, newsletters, and photographs or digital images. Since names and photographs of participants are often used in the compilation of these reports, it is necessary to have a media release that sufficiently protects the State, LWIBs, and WIA Service Providers from legal action when releasing personal information. In addition to the Release of Information form, an additional form 'OJT Success Stories' has been developed to provide guidelines on the information to be included in the report.

ACTION: LWIBs are required to obtain a completed Release of Information form (Form 08-2010/01, News Media and Media Production Release of Information) for all participants selected to be highlighted in 'Success Stories'. Form 08-2010/01 was updated effective May 19, 2010, to include the option for participants to deny consent of release of information; this form may not be modified and must be kept in the participant's paper case file. LWIBs are strongly encouraged to submit 'Success Stories' as soon as practicable to OESC for submission to DOL. Workforce Investment Board Staff are required to widely distribute copies of this issuance to staff and service providers as appropriate for immediate implementation.

RESCISSIONS: None.

REQUIRED FORMS: Form 08-2010/01 – News Media and Media Production Release of Information

INQUIRIES: If you have any questions pertaining to this issuance, please contact Jackie Younge at (405) 557-5314, jackie.younge@oesc.state.ok.us, or Tami Decker at (405) 962-7595, tdecker@oesc.state.ok.us.

TSW/tsw

**NEWS MEDIA AND MEDIA PRODUCTION
RELEASE OF INFORMATION**

Name:	<div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last </div>	Date:	
Address:	Street or Post Office Box		
City:		State:	
		Zip Code:	
Participant ID:		Telephone Number:	

I, _____, do hereby give the Oklahoma Employment Security Commission (OESC), Local Workforce Investment Board (LWIB), and/or WIA Service Provider full permission to use or release the information in the categories checked below. I understand the information about me will be used to promote public awareness and educate persons with an interest in utilizing the services of the OESC, LWIB, and/or WIA Service Provider to find employment, obtain training, and participate in the many other services provided by the OESC, LWIB and/or WIA Service Provider. The information may be included in a newspaper article written by a reporter, who is not employed by the OESC, LWIB, and/or WIA Service Provider or public awareness material produced by the OESC, LWIB, and/or WIA Service Provider. I further understand that the OESC, LWIB, and/or WIA Service Provider does not have any control over the information included in a newspaper article, including the caption under the pictures or the headline used for the article. I further understand that I will not receive any fee or compensation for the use of this information, nor will I receive any royalty for its use. I further understand that the information, in written, oral, picture, or video form is prohibited from use for commercial or political purposes.

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|--|---|
| <input type="checkbox"/> Name
<input type="checkbox"/> Business or occupation
<input type="checkbox"/> Other, specify: _____
<input type="checkbox"/> I do not give my permission to use or release any of my information for any news media or media production purpose. | <input type="checkbox"/> Voice
<input type="checkbox"/> Photographs, video or digital images
<input type="checkbox"/> Address (street, city, town, or county) |
|--|---|

Participant Signature	Date
Parent/Guardian Signature (if participant is under 18)	Date

Approval

Authorized WIA Representative	Date
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"Equal Opportunity Employer (EOE)/Program"
 "Auxiliary aids services and are available upon request to individuals with disabilities"

On The Job Training Success Stories:

Program name:	List WIB/Service Provider
Location:	List Cities/Counties included in program
Program type:	List <i>either</i> OJT/NEG <i>or</i> Jobs For Oklahomans Now OJT
Funding level:	List OJT funding amount
Program Description:	<p>Program Structure: List the timeframe of the program.</p> <p>Program Size: List the number of participants.</p> <p>Target Population: List the target group of participants. (Since the program is limited to long-term dislocated workers, describe the method used to select participants from this group.)</p> <p>Types of Work Sites and Employment Activities: List participating employers, and types of employment.</p> <p>Connections to Academics: List additional training provided (in addition to training provided on-site by the employer.)</p> <p>Career and Education Pathways: List methods used to determine career and educational pathways for participants.</p> <p>Next Steps/Transition: Describe the follow-up procedures used to determine program success.</p> <p>Types of Jobs and Specific Skills Being Developed: List job sector groups, as well as skills being developed for these groups.</p>
Unique and Exemplary Attributes:	<p>Highlights of the Program: List special attributes, including if the job is a ‘Green’ job. Include a summary detailing the success of the program, and recommendations for improvement.</p> <p>Highlight Intersections with Other DOL Priorities: Were the participants veterans, disabled, or have barriers to employment?</p> <p>Linkages with Other Programs: List other agencies or programs that contributed to the success of the program.</p> <p>Linkages with Employers: List Business representatives that contributed to the success of the program.</p>
Hot Issues or Challenges:	List problems encountered, and solutions to the problems.
Contact Person and Information:	List name and contact information, including an e-mail address.

“Equal Opportunity Employer (EOE)/Program”

“Auxiliary aids and services are available upon request to individuals with disabilities”