

**COMMONWEALTH OF VIRGINIA
VIRGINIA COMMUNITY COLLEGE SYSTEM
WORKFORCE DEVELOPMENT SERVICES
DATA CHANGE REQUEST**

LWDA:

Office Location: _____ **Request Date:** _____

State ID: _____ **Participant Last Name:** _____

Client Program:

Youth Adult Dislocated Worker Incumbent Worker

Error Section:

Application Participation Activities Closure Outcome Exclusion Follow-Up

Correction Needed (Include Dates)

Justification for Change _____

NOTICE: Do not expose Personally Identifiable Information (PII) on this form. Examples of PII include, but are not limited to: The last four of a person's SSN, full name, birth date, DL number, home or cell phone number, place of birth, home address or personal email address.

(Note that any changes to the Exit Date may require coordination between WIOA, Wagner-Peyser and Trade, where appropriate. If this a request to remove or delete an Exit, a thorough explanation must be listed in the "Justification for the Change" section. The explanation must include complete details, including dates, of any/all services that have been provided since the most recent WIOA service reported within the VaWC).

Case Manager Requesting Change	Signature	Date
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I hereby certify that I have reviewed this record and have determined that there is sufficient verification and documentation to update/modify the record as requested above.

LWDA System Administrator	Signature	Date
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Section below for State Staff

Correction Request Reviewed:

State Monitor Staff

Signature

Date

Recommendation:

State Administrator Staff

Signature

Date

Request Status:

Request Process Date:

Action:

Additional Comments: