



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY  
LANSING

SUSAN CORBIN  
ACTING DIRECTOR

**OFFICIAL**  
**Policy Issuance (PI): 18-27, Change 2**

**Date:** May 20, 2021

**To:** Michigan Works! Agency (MWA) Directors

**From:** Joe Billig, Division Administrator **SIGNED**  
Targeted Services Division  
Workforce Development

**Subject:** Participant and Employer Success Stories

**Programs Affected:** All Programs Administered by the MWAs

**References:** All applicable state and federal acts, rules, and regulations governing programs administered by the Michigan Department of Labor and Economic Opportunity, Workforce Development (LEO-WD).  
  
PI 18-27 and Changes

**Rescissions:** None

**Background:** WD receives numerous requests for success stories from the United States Department of Labor, the Governor's Office, and other interested parties. Success stories are used to highlight the good work of the MWAs as well as successful outcomes of WD funded programs. Maintaining a repository of participant and employer success stories assists WD in responding to requests for such stories throughout the year, as appropriate. This policy is requiring that MWAs submit success stores from each column as indicated on the Attachment B.

**Policy:** WD is requesting all MWAs submit at least one success story from each column listed on Attachment B, each quarter, subject to the requirements noted in each column, for a total of 16 success stories annually. If a particular category is not applicable to an MWA, then an additional story from one of the other categories listed on Attachment B should be submitted. For example, the MWAs who do not have a Food Assistance Employment and Training (FAE&T) program are excluded from the requirement to submit a success story for that category but should submit an additional success story from one of the other categories identified on Attachment B to meet the annual story submission total stated above.

LEO is an equal opportunity employer/program.

Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.  
WORKFORCE DEVELOPMENT, 201 N. WASHINGTON SQ., LANSING, MI 48913 • [www.michigan.gov/workforce](http://www.michigan.gov/workforce) • 517-335-5858

A minimum of four success stories should be submitted to WD each quarter. Selected success stories should reflect positive outcomes resulting from services provided through local programs during the current fiscal or program year. Success stories are not required to be solely based on services provided during the current fiscal or program year; they may also focus on participants who were exited during the current fiscal or program year subsequent to receiving services during a prior fiscal or program year. Each submitted success story should include a brief narrative description.

Although a photo is not required, the MWAs are strongly encouraged to submit at least one color photo with a caption crediting the photographer and the MWA, featuring the subject of the success story and a completed release form.

### **Release Form**

The MWAs must submit a release form authorizing the use of the success story and, if available, accompanying photo. The MWA may utilize a locally designed release form, the Universal Release Form issued through the Michigan Works! Association, the attached sample release form (Attachment A), or any other MWA recognized release form, including the form that was signed by the participant at the time of registration. Attachment A may be modified to include additional information the MWA desires to capture.

### **Details**

Success stories should be between 150 and 500 words and should include all of the information contained in the attached sample template (Attachment B). Michigan Works! Prosperity Award nominees (formerly the Michigan Works! Alumni Award) may be used to fulfill success story submission requirements outlined in this policy, as appropriate.

### **Narrative**

The MWAs may utilize a locally designed template of their choosing in place of Attachment B, as long as it includes all of the information requested in Attachment B.

### **Photograph**

Along with each submitted success story, the MWAs are strongly encouraged to submit at least one color photo with a caption crediting the photographer and the MWA. If the success story is about a job seeker who obtained employment as a result of receiving services, the photo(s) should show the job seeker performing their job. If the success story is about a satisfied employer, the photograph(s) should reflect the employer's business. Color photos should be submitted as a separate file in .jpg format and with as high of a resolution as possible.

**Action:** The MWA officials shall take the appropriate actions necessary to implement the directives of this policy. Success stories for the time period of January 1, 2021 – March 31, 2021 , should be submitted electronically to [LEO-TSDIV@michigan.gov](mailto:LEO-TSDIV@michigan.gov) within 30 days following the issue date of this policy. For subsequent quarters, success stories should be submitted within 30 days following the end of the quarter to [LEO-TSDIV@michigan.gov](mailto:LEO-TSDIV@michigan.gov).

**Inquiries:** Questions regarding this policy should be directed to your assigned state coordinator.

This policy is available for downloading from [WD's website](#).

WD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Please contact Ms. Whitney Wasser at 517-582-1214 or by email at [wasserw@michigan.gov](mailto:wasserw@michigan.gov) for details.

WD is funded by State and Federal funds; more details are available on the Legal Disclaimer page at [www.michigan.gov/workforce](http://www.michigan.gov/workforce).

**Expiration**

**Date:** Continuing

JB:YH:ww  
Attachment(s)

**AUTHORIZATION TO RELEASE INFORMATION**

I hereby grant the Michigan Works! Agency (MWA), including any of its designated officers, employees, agents, or contractors, within its absolute discretion, permission to release, disseminate, or use in any manner it sees fit the attached documents and any information contained therein, as well as my photograph if provided, as a likeness of me, for same use. I also grant permission for the MWA, including any of its designated officers, employees, agents, or contractors, to use my name in connection with these photographs and information.

I hereby waive any claim arising out of such release, dissemination, or use.

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**(Shaded Area for Office Use Only)**

**Information and/or Photo Received and Submitted**

**By:** \_\_\_\_\_

**MWA Name:** \_\_\_\_\_

**Subject Matter:** \_\_\_\_\_

**SUCCESS STORY DETAILS**

MWA Name: \_\_\_\_\_

MWA Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Program Year \_\_\_\_\_ Quarter \_\_\_\_\_

Job Seeker Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Category (Check One):  
 WIOA Adult\*  
 WIOA Dislocated Worker\*  
 WIOA In-School Youth  
 WIOA Out-of-School Youth  
 WIOA Waiver

\*At least one story for Adult, one for DW, and one for Youth must be submitted annually.

Category (Check One):  
 Veterans  
 Migrant & Seasonal Farmworker  
 PATH\*  
 FAE&T\*  
 Employer\*

\*At least one story for PATH, FAE&T and Employer must be submitted annually.

Category (Check One):  
 Adult Ed (Title II)  
 Trade Adjustment Assistance  
 Employment Services\*  
 RESEA\*\*  
 Other \_\_\_\_\_

\*At least one story for Employment Services must be submitted annually.  
 \*\*At least one story for RESEA must be submitted quarterly.

Category (Check One):  
 Business Resource Networks\*  
 Going PRO Talent Fund\*  
 Michigan Industry Cluster Approach\*  
 State Apprenticeship Expansion\*  
 Other \_\_\_\_\_

\*At least one story from each program must be submitted annually.

Success Story Title: \_\_\_\_\_

Background (Including a brief overview of the customer's challenge or situation.): \_\_\_\_\_

Date Service(s) Began: \_\_\_\_\_ Service(s) Provided (Include how the MWA helped the customer overcome their challenge[s]): \_\_\_\_\_

Other Key Partner(s) Involved (If applicable): \_\_\_\_\_

Activities/Highlights/Accomplishments: \_\_\_\_\_

Outcome(s), including a testimonial and the result of the services the customer received): \_\_\_\_\_

Challenges or Lessons Learned: \_\_\_\_\_

**Required Information for Job Seekers**

- Previous occupation and rate of pay, if available.
- Current occupation and rate of pay, if available.
- Length of employment with current employer.
- Information concerning any promotions or raises received.
- Other information, as appropriate.

**Required Information for Waivers**

- Waiver type.
- Services Provided to the job seeker or employer.
- Outcome(s) produced from the service(s) rendered.
- Any barriers or challenges to waiver implementation.