



# nevada**works**

Coordinating Workforce Development for Northern Nevada

## Disaster-Relief Monthly Progress Report

Participant Name: \_\_\_\_\_

Primary Disaster-Relief Duties Evaluated	Date Evaluated	Progress Notes (briefly describe the individual's performance)	Initials of Evaluator
1.			
2.			
3.			
4.			

1. Does the individual need additional training or supplies to be successful? If yes, please specify.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the individual require any change in their work schedule? If yes, please specify.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If there is an opening in the company, would you consider this person for employment? If no, please specify.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. How many hours has the individual worked as of the date of this progress report? (maximum of 2080 hours allowed)	

\_\_\_\_\_

Participant Signature

Date

\_\_\_\_\_

WIOA Case Manager Signature

Date

\_\_\_\_\_

Disaster-Relief Worksite Supervisor Signature

Date