MINNEAPOLIS EMPLOYMENT AND TRAINING
PERFORMANCE BASED INVOICE ATTACHMENT

Month:

Agency:

Contract #:

Program:

Performance Units

ALPHABETICALLY **Last name, First name and** **WORKFORCE ONE ID #**	**Hispanic/ Latino Yes/No**	**Race 1-10**	**Placement Date**	**Bonus Wage**	**Quarter 1 Retention**	**Quarter 2 Retention**	**Quarter 3 Retention**	**Quarter 4 Retention**