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GST MICHIGAN WORKS! POLICY 15-05
(Board Approved 3-9-2018)

TO: GST MichiganWorks! Service Providers and Agency Staff

FROM: Jody Kerbyson, CEO

SUBJECT: Internal Controls Policy for Deleting Participants from OSMIS

DATE: October 1, 2015

PROGRAMS: Workforce Innovation and Opportunity Act (WIOA)

BACKGROUND: GST MichiganWorks! Agency requires all Service Providers/Agency staff to formally request any and all participant deletions from the OSMIS. Effective control and management of WIOA programs requires accurate and timely record keeping. Valid data provides necessary information to managers regarding the effectiveness of current programs and facilitates planning of future programs.

POLICY: Effective August 31, 2015, GST Michigan Works! Agency and its Workforce Innovation and Opportunity Act (WIOA) Agency Staff/Service Provider(s) must follow this directive when deleting participants from the OSMIS.

When a Service Provider identifies a participant with multiple registrations or a participant was entered on the OSMIS in error, they must complete the following steps.

1. Complete the top portion of form "Participant Deletion Request" located in Attachment, along with the reason and first review signature.

2. Send the completed form to GST Michigan Works! Administration office for approval.

GST Michigan Works! Administration staff reserves the right to refuse deletion request if the reason for deletion is deemed inappropriate. In order for the deletion to be approved it must go through the checks and balances process with a minimum of two individuals giving approval for the deletion.

ACTION: Service Providers/Agency Staff shall take appropriate actions necessary to implement the directives of this policy issuance. Service Providers officials shall ensure the information contained in this policy is disseminated to all appropriate staff.

INQUIRES: Program policy questions should be directed to Angela Libkie 810-233-5974 ext. 102 or JulAnn Kuenzli 989-635-3561 ext. 230

SIGNED: _____   10/1/15
Jody Kerbyson, CEO   Date

Attachments

PARTICIPANT DELETION REQUEST

INFORMATION COMPLETED BY SERVICE PROVIDER

Participant Name: _____

Customer Identification Number: _____

The reason you are requesting the participant to be deleted from OSMIS

Participant did not follow through with training opportunity.

Participant was enrolled in error.

Other: _____

Signature of First Review and Approval by: _____

Name _____ Title _____

Confirmed $$ were not spent on this participant   Date _____

COMPLETED BY GST MICHIGAN WORKS! ADMINISTRATION

Signature of Second Review and Approval by: _____

Name _____ Title _____

Date _____