COPY 1

U.S. DEPARTMENT OF LABOR
BUREAU OF EMPLOYMENT SECURITY
WASHINGTON, D. C.

Youth Opportunity Programs - Trainee Test Control Form

Item one to be completed by the State Office upon disbursement of test booklets to local offices.

1. a) Local office_____State_____Local Office No._____
   b) Serial numbers of booklets issued

   Numbers_____to_____Total_____

Signature_____ Title_____

Item two to be completed by the local office upon receipt of the Youth Opportunity Program Trainee Test.

2. Serial Number of booklets received:
   Numbers_____to_____Total_____

Item three to be completed by the local office upon return of test booklets and answer sheet to Washington.

3. Booklets and Answer Sheets Returned

   Serial Numbers of test booklets returned to Washington:
   Numbers_____to_____Total_____
   Number of completed multiple choice answer sheets sent _____
   Date completed answer sheets returned_____

Signature of Local Office Manager_____

Instructions

1) Forms must be in triplicate. Please insert carbon in triplicate form to insure all information is transferred to copies two and three.
2) Copy one, item one, is to be completed by the state office. Copy one is then detached and sent to U.S. Department of Labor, Bureau of Employment Security, Project CAUSE II, Washington, D. C.
3) Copy two, item two, is to be completed by the local office upon receipt of the test booklet. Copy two is then detached and sent to CAUSE II.
4) Copy three, item three, is to be completed by the local office upon return of the booklets to Washington. Copy three is then sent to CAUSE II.
5) ALL COPIES MUST BE SIGNED.