

DEVELOPMENT NAME:

908 E Main St 608.266.7884

Post Office Box 1728

Madison, Wisconsin 53701-1728

REPORT MO/YEAR:

www.wheda.com

Workforce Development Program Monthly Report (Due the 20th of each month after construction commencement for prior month's activity)

Attach ALL applicable Workforce Deve	lopment employee pa	avrolls for Report month	/vear indicated

HTC APPLICATION #:				F	NAL MONTHLY	REPORT?			
Employer Name	Employee Name	Employee Phone # with Area Code	Job Title	County	5 digit ZIP Code	Start Date	End Date	Hours this Month	Hourly Wage

sanctions under applicable WHEDA guidelines

Prepared By:	
Date:	