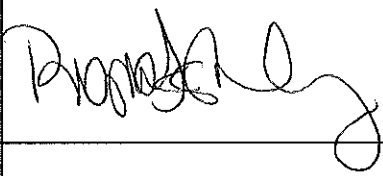


**U.S. Department of Labor**  
**SQSP SIGNATURE PAGE**

OMB Control No.: 1205-0132

Expiration Date: 02/28/2021

U.S. DEPARTMENT OF LABOR Employment and Training Administration	FEDERAL FISCAL YEAR FY2020	STATE Indiana
<p align="center"><b>UNEMPLOYMENT INSURANCE STATE QUALITY SERVICE PLAN SIGNATURE PAGE</b></p>		
<p>This Unemployment Insurance State Quality Service Plan (SQSP) is entered into between the Department of Labor, Employment and Training Administration, and</p> <p align="center"><u>Indiana Department of Workforce Development</u> (NAME OF STATE AGENCY)</p> <p>The Unemployment Insurance SQSP is part of the State's overall operating plan and, during this Federal fiscal year, the State agency will adhere to and carry out the standards set forth in Federal UI Law as interpreted by the DOL, and adhere to the Federal requirements related to the use of granted funds.</p> <p>All work performed under this agreement will be in accordance with the assurances and descriptions of activities as identified in the SQSP Handbook and will be subject to its terms.</p>		
<b>TYPED NAME AND TITLE</b>	<b>SIGNATURE</b>	<b>DATE</b>
<u>Regina Ashley, Unemployment Insurance Director</u> <b>Printed Name of STATE ADMINISTRATOR</b>		9/20/19
<b>Printed Name of DOL APPROVING OFFICIAL (Regional Office)</b>		
<b>Printed Name of DOL APPROVING OFFICIAL (National Office) (if required)</b>		