



Customized Training Agreement - Cover Sheet
(Attach to Full Agreement)

Employer Legal Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Contact Person: _____ **Title:** _____

Phone: _____ **Email:** _____

FEIN: _____

Training Provider (if different): _____

Training Location: _____

City: _____ **State:** _____ **ZIP:** _____

Program Title: _____

Number of Participants: _____ **Length of Training (hours/weeks):** _____

Training Start Date: _____ **Training End Date:** _____

Curriculum/Competencies: _____

Credential/Certification (if any): _____

Job Title(s): _____

Starting Wage: _____ **Hours per Week:** _____

Benefits: _____

Number of Hires: _____ **Anticipated Hire Date:** _____

Total Training Cost: _____

Employer Share: _____ **EMI Share:** _____

In-Kind Contributions: _____



Employ Milwaukee, Inc.
CUSTOMIZED TRAINING AGREEMENT

GENERAL TERMS

This Customized Training Agreement (“Agreement”) is entered into by and between Employ Milwaukee, Inc. (“Employ Milwaukee” or “EMI”), the Local Workforce Development Board for Workforce Development Area (WDA) 2, and [Employer Legal Name(s)] (“Employer”), collectively referred to as the “Parties.”

PURPOSE

Customized Training under this Agreement is designed to meet the unique needs of both job seekers and Employer(s). The training is primarily for individuals who are not employed by the Employer(s) at the start of participation. This Agreement is not for retraining existing employees, which is covered under Employ Milwaukee’s Incumbent Worker Training (IWT) policy.

Customized training is generally classroom-based and is often provided by a third-party training provider on behalf of the Employer(s).

EXCLUSIONS

In accordance with Wisconsin Department of Workforce Development (DWD), Division of Employment and Training (DET) policy, local workforce development boards (WDBs) and their WIOA Title I-B service providers may not serve as employers in WIOA-funded Customized Training contracts.

REQUIREMENTS

A. Employer Commitment

1. Enter into this Agreement with Employ Milwaukee documenting:
 - i. The need for customized training
 - ii. Total training cost and Employer cost share
 - iii. Curriculum and training provider details
 - iv. Training length, schedule, and delivery method
 - v. Wages, benefits, hours, and other terms of employment
2. Commit to hiring successful completers of the training program who:
 - i. Demonstrate necessary skills and competencies

- ii. Are job-ready, available, willing, and committed to work
- iii. Meet the Employer's hiring requirements as set forth in this Agreement

B. Employer Cost Share

1. The Employer shall contribute a significant cost of the training as determined by WDA 2 standards:
 - i. Employers with ≤ 50 employees: at least 10% of total training costs
 - ii. Employers with ≥ 51 employees: at least 25% of total training costs
2. Employer contributions may include:
 - i. Direct payment for training services
 - ii. In-kind contributions (e.g., instructional staff, equipment, classroom space)
 - iii. Union investments in certified pre-apprenticeship programs
 - iv. Other contributions approved by Employ Milwaukee's Chief Executive Officer

C. Cost Considerations

1. Employ Milwaukee shall take into account:
 - i. Employer size
 - ii. Number of potential employees in training
 - iii. Wage and benefit levels of potential hires (current and post-training)
 - iv. Relation of training to participant competitiveness
 - v. Employer's hiring practices and advancement opportunities
 - vi. Cost per participant, which may not exceed the limits described in Employ Milwaukee Policy 17-01: Individual Training Accounts, if applicable.

FUNDING & REIMBURSEMENT

Total Training Cost: \$ _____

Employer Share: \$ _____

Employ Milwaukee Share: \$ _____

Employer cost share may be provided as direct cash or allowable in-kind contributions.

EMI reimbursement will occur after submission of required documentation, including invoices, attendance records, payroll verification, and evidence of hiring outcomes.

MONITORING & REPORTING

Employ Milwaukee will monitor training activities for compliance with WIOA regulations and this Agreement. The Employer agrees to provide requested data regarding participant attendance, completion, wages, and retention.

TERM & TERMINATION

This Agreement shall be effective from _____ through _____, based on available Federal funds, unless terminated earlier.

Either party may terminate with 30 days' written notice.

EMI may terminate immediately for noncompliance, misrepresentation, or misuse of funds.

CONFIDENTIALITY

Both Parties shall maintain confidentiality of participant information in compliance with federal and state privacy laws.

INDEMNIFICATION

The Employer shall indemnify and hold harmless Employ Milwaukee, its officers, agents, and employees from claims, damages, or liabilities arising from Employer's actions or omissions under this Agreement.

ENTIRE AGREEMENT

This Agreement, including any attachments, constitutes the full understanding between the Parties and supersedes all prior agreements, written or oral.

CONTINUED ON NEXT PAGE

CUSTOMIZED TRAINING AGREEMENT SIGNATURES

As the authorized representative for EMI, I have read this Agreement and do hereby approve its funding and implementation.

| | |
|--|-----------------------|
| _____ Authorized Representative (please print clearly) | _____ Title |
| _____ Signature | _____ Date |

As the authorized representative for the Employer named below, I have read this Agreement, and both accept and will adhere to the requirements set forth.

| | |
|--|-----------------------|
| _____ Employer Name | |
| _____ Authorized Representative (please print clearly) | _____ Title |
| _____ Signature | _____ Date |

Revised: 01.28.26

Employ Milwaukee is an equal opportunity employer and service provider. If you need this information or printed material in an alternate format, or in different language, at no cost to you, please contact us at (414)-270-1700. Deaf, hard of hearing, or speech impaired callers can contact us through Wisconsin Relay Service at 7-1-1.