



Request and Approval Incumbent Worker Training

This form is required prior to a submission/request for an Incumbent Worker Training from the Contracts & Financial Compliance Manager. It is the responsibility of the Business Services Specialist to complete this form and obtain **all** the required signatures, unless another staff member has been appointed by the Manager of Business Services, in which case, it is the responsibility of that appointed staff member.

Employer Name & Address:	
Funding Source:	
Training Period:	
Number of Trainees:	
Current Wage/New Wage Current Job Title/New Job Title	
# of FT employees: Reimbursement Rate:	
Number of Hours:	
Total Cost of Training: Total Reimbursement:	

Attach Incumbent Worker Training Program Proposal from business.

Incumbent Worker Trainees **are not enrolled** in WIOA. Is Trainee enrolled in any WIOA program and/or received any other funds for training or support services? Yes No If yes, explain: _____

Trainee Name(s): _____

Verified by: _____

Approval Signatures & Date

Role	Signature	Date
Business Services Specialist		
Chief Financial Officer		
President, Chief Executive Officer		

Employ Milwaukee is an Equal Opportunity Employer and Service Provider. If you need this information in an alternate format, or in a 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 711.

Paid for in whole or in part by a Dept. of Labor (DOL) grant"