



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		

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