



## Program Continuation of Training Voucher Attachment – WIOA Title I

Participant Name: \_\_\_\_\_

ASSET PIN: \_\_\_\_\_

**This document will be attached to any continuation of training vouchers for a long-term training program.** If ITA training program has already began and all Labor Market, Training Description, and Customer Justification paperwork has been submitted with a previous training voucher pertaining to the same ITA training program, please attach this form to any subsequent vouchers.

1. **Current semester anticipated start date:** \_\_\_\_\_

2. **Current semester anticipated end date:** \_\_\_\_\_

3. **Anticipated program end date:** \_\_\_\_\_

4. **Completion of this training will lead to** (check credential that applies):

- Bachelor's Degree
- Associate Degree
- Technical Diploma
- 1-year Certificate Program
- 2-year Certificate Program
- Occupational Skills Certificate
- Occupational Skills License
- Course Certificate

5. **Include Voucher, pricing breakdown, and course list**

6. **Financial aid (if required)**

7. **Approval to exceed the spending cap (if applicable)**

---

**Career Planner Signature**

---

**Date**

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.