



TRAINING VOUCHER DOCUMENTATION CHECKLIST - WIOA

Participant Name: _____ ASSET PIN: _____

The following documents **must** be attached for vouchers to be considered for approval. Any missing documentation could delay the voucher approval.

1. Description (Please select one):			
<input type="checkbox"/> Training is in a local High Growth & High Demand Sector <input type="checkbox"/> Manufacturing – ONET 51 <input type="checkbox"/> Construction – ONET 17 & 47 <input type="checkbox"/> Retail/Hospitality – ONET 35 & 41 <input type="checkbox"/> Financial Services – ONET 13 & 43 <input type="checkbox"/> Transportation – ONET 53 & 49 <input type="checkbox"/> Healthcare – ONET 29 & 31 <input type="checkbox"/> IT – ONET 15			
2. Required Documentation (MUST select at least ONE of the following):			
<input type="checkbox"/> An Employer Commitment to Hire Letter	<OR>	<input type="checkbox"/> N/A	
<input type="checkbox"/> Three (3) specific and appropriate job descriptions in the area to be trained	<OR>	<input type="checkbox"/> N/A	
<input type="checkbox"/> WisConomy Occupational Projections Long Term: 2020-2030 WDA2 https://jobcenterofwisconsin.com/wisconomy/query			
<input type="checkbox"/> Exception Request	<OR>	<input type="checkbox"/> N/A	
3. Training Program Description			
<input type="checkbox"/> ITA Statewide Eligible Provider List (ETPL) Printout			
4. Customer Justification			
<input type="checkbox"/> Document Verification Checklist – verifying work authorization			
<input type="checkbox"/> Current Resume			
<input type="checkbox"/> TABE/CASAS Scores: Reading _____ Math _____	<OR>	<input type="checkbox"/> N/A	
<input type="checkbox"/> Career Assessment			
<input type="checkbox"/> IEP/ISS identifying Career Pathway	<OR>	<input type="checkbox"/> N/A	
<input type="checkbox"/> Request to Exceed Training Cap form	<OR>	<input type="checkbox"/> N/A	
<input type="checkbox"/> Financial Aid applied for	<OR>	<input type="checkbox"/> N/A	
<input type="checkbox"/> Training Proposal	<OR>	<input type="checkbox"/> N/A	
5. ASSET Entry			
<input type="checkbox"/> Self-Sufficiency Calculation			
<input type="checkbox"/> ASSET Planned Services			
<input type="checkbox"/> ASSET Customer Notes (must include each element below). <input type="checkbox"/> Training/Voucher Details <input type="checkbox"/> Customer Choice <input type="checkbox"/> Need for training <input type="checkbox"/> Financial Aid Status <input type="checkbox"/> Inability to obtain grant assistance from other sources <input type="checkbox"/> Career Planning and/or labor market information <input type="checkbox"/> Verify work authorization case note entered. Date of note: _____			
6. Career Planner			
Signature _____		Date _____	

Form Date: 01.01.26

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