



WIOA PROGRAMS CONTINUATION OF TRAINING VOUCHER ATTACHMENT

Name _____

ASSET PIN _____

This document will be attached to any continuation of service 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
- Associates 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)

Case Manager Signature

Date