



REQUEST TO EXCEED TRAINING CAP

Request Date: _____

Participant Name: _____

ASSET PIN # _____

Partner Agency: _____

Career Planner: _____

Request to Exceed Duration Cap

Request to Exceed Training \$ Cap

Training Program Description	
Service Category:	_____
Training Site Name:	_____
Location:	_____
Purpose of Training for Participant:	_____

Training Funds Dashboard	
Total Training Funds Exhausted within previous 7 years (verify with EMI Fiscal):	_____
Current Training Cost:	_____
Estimated Total Cost of Tuition for All Semesters (if applicable):	_____
Requested Amount to Exceed Cap:	_____
Total Length of Training (semesters):	_____
Number of Semesters to Exceed Duration Cap:	_____

Justification for Training Statement:

___ ASSET Case Note Entered regarding request to exceed training cap (Career Planner)

Requested By: _____

Career Planner Signature

_____ Date

EMI Approval: _____

EMI Staff Signature

_____ Date

___ ASSET Case Note Entered regarding approval to exceed training cap (EMI Approver)

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