

Employer Eligibility

I. Identifying Information:

Company:

Address:

City:

State:

Zip:

Contact Person (name & title):

Contact Phone:

Contact Email:

Other names (including successors) under which the above company has conducted or is currently conducting business.

II. Employer Information:

1. Has the above company, any subsidiary, affiliates, or part thereof, relocated within the last 120 days?
 Yes No
2. If Yes, please indicate the date in which operations began at the new facility. _____
3. If the establishment relocated within the last 120 days, did the move result in a loss of employment for any employee of the company at the original location? Yes No
4. What is the company's current employment level? 50 or less 51-99 100 +
5. Have the employees who will be trained been **employed with the company for at least 6 months**?
 Yes No

III. Describe the Training that is Requested

1. Course title: _____ Number of employees: _____
Does this training result in a certification?
What is the name of the credential?
Cost of training: _____ Start date: _____ End date: _____
Training provider: _____

IV. Explain Why this Training is Needed

1. Is this training needed to prevent a layoff?
2. Is training is needed to upskill workers for company to remain competitive?
3. Will the trainee(s) move into a higher skilled position as a result of this training?
If answered Yes, what will the new job title be?
4. Will the trainee(s) receive a wage increase within 6 months of completing the training?
If answered Yes, what will the new wages be?
5. Is this training required for the company to be sufficiently competitive to retain workers?
If answered Yes, please provide an explanation. Please be as detailed as possible.

V. Cost Sharing

Employers participating in the program are **required** to pay for the non-Federal share of the cost of the training. Pursuant to Sec. 134(d)(4)(D)(i) & (ii), the Region 4 Workforce Development Board established that the non-Federal share may not be less than:

- 10 percent of the cost for employers with not more than a total of 50 employees or less (regardless of the number enrolled in training);

- 25 percent of the cost for employers with a total of more than 50 employees but not more than 100 employees; and
- 50 percent of the cost for employers with a total of more than 100 employees.

The Region 4 Workforce Development Board has determined that the nature of the non-federal share of the employer may be provided by wages paid by the employer to a worker while in training, by cash, or by local (non-federal) grants available.

****Please Note – Employer must pay training provider for training costs up front, the Fiscal Agent will reimburse employer for the federal share of the training costs after training has been completed.**

Reimbursement and Performance

I. Terms

1. JobWorks, Inc. is a service provider for the Region 4 Workforce Development Board and is the Fiscal Agent for the Incumbent Worker Training Program. Payments to the employer by JobWorks shall not exceed the total amount of reimbursement due employer listed in the Cost Sharing Calculation.
2. Reimbursement for training will be provided after trainees have completed training and copies of invoices and proof of training payment (checks, e-payment) are submitted to JobWorks exhibiting that the employer has paid for the training.

II. Performance Data

1. The State requires that the Regional Workforce Board track performance criteria of Incumbent Worker Training programs. Within 90 days of completion of training, employer agrees to provide the following performance data:
 - a. **The number** of incumbent workers **engaged** in training for the project.
 - b. The **percent** of incumbent workers engaged in training for each employer who **completed** the training;
 - c. The **skills** for which the incumbent workers were trained.
 - d. The **percent** of incumbent workers who completed training who attained an **industry recognized credential**, by credential type.
 - e. The **percent** of incumbent workers by employer who completed the training and received a **pay increase** within 60 days of the end of training as a result of gaining skills;
 - f. Of those incumbent workers who completed the training and received a wage increase, the **average hourly wage increase**.

Attestation and Validation:

The company official hereby attests, under penalty of perjury, that the information provided to determine eligibility for the reimbursement of training costs is correct.

Name and Title of Company Official (Printed)

Signature of Company Official

Date

Approval

Name and Title of WorkOne Staff Approving Request (printed)

WorkOne Staff Signature

Date