

The following are documents to include for WIOA and TechHire: WorkIT IWT submissions.

**To be completed by Business Solutions Representative**

☐ By checking this box, I agree that I have determined the business and employee(s) to be eligible for training, reviewed the required collected material, and discussed the program entirely with the business before submitting for approval.

BSR Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company: \_\_\_\_\_

Name of Training: \_\_\_\_\_

☐ IWT Contract Proposal

☐ If the training will result in:

- ☐ A **credential**, make sure the description of the training includes this.
- ☐ A **wage increase**, make sure the proposal includes how much the increase will be.
- ☐ A **promotion**, make sure the proposal includes when the promotion will occur.

☐ Appropriate Occupational List:

☐ For WIOA: Copy of the **page** where the occupation is listed on **either** the

- Occupational Projections Wisconsin 2010-2020 with WOW Median Wage Information, or
- WOW Workforce Development Board Approved Training List

☐ For WorkIT: Copy of the most **recent** Table 1: Occupational Skills and Competencies in Southeastern WI

☐ Union Concurrence Form or

☐ N/A

☐ Business is **not** administering a current grant (i.e. WAT or WFF)

☐ Training is **not** being reimbursed by another state or federal training program (i.e. Other Boards, NEG grant, etc.)

☐ Copy of the training overview which includes:

☐ Description of the training

☐ If a seminar/ workshop/ webinar there is an assessment or test.

☐ Dates of the training

☐ Cost of the training

☐ In-House Training Quote

☐ Trainee Information Form(s) - Number to be trained: \_\_\_\_\_

☐ All trainees have been with the business for at least 6 months

☐ All trainees meet all other eligibility referenced in T-07

☐ Business meets all eligibility criteria reference in T-07

**Submit entire IWT packet to Planner.**

**To be completed by the Planner**

Fund: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Estimated Cost \$ \_\_\_\_\_ Reimbursement Rate and %: \$ \_\_\_\_\_ %

*Reimbursement:*

Cost if different than original: \_\_\_\_\_ Number Trained if different than original: \_\_\_\_\_

Reimbursement Submitted to Fiscal: \_\_\_\_\_