



**SECTION I. BUSINESS INFORMATION**

Company Name & Website: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: WI Zip: \_\_\_\_\_ County: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

NAICS Code: \_\_\_\_\_

Number of local employees: \_\_\_\_\_ Number of Wisconsin employees: \_\_\_\_\_

Has the business experienced a layoff in the last 120 days?  Yes  No

FEIN #: \_\_\_\_\_ UI Root #: \_\_\_\_\_

**SECTION II. TRAINING INFORMATION**

Training Title: \_\_\_\_\_ Training Dates: \_\_\_\_\_

Total Training Hours: \_\_\_\_\_ # of Employees to be Trained: \_\_\_\_\_ Training Cost: \$\_\_\_\_\_

Training Location:  On Site  Remote Site  At a training institute: \_\_\_\_\_

Training Description:

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Competencies the trainee(s) will attain at training:

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How will this training component directly contribute to improving company processes, improve efficiency, or quality in a way that makes the company more competitive?

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**SECTION III: TRAINEE INFORMATION (Please complete for each participating employee)**

Department of Labor (DOL) grant(s) require employee Social Security number(s). It will be used to identify records in Management Information Systems (MIS) for grant reporting purposes only.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ SS #: \_\_\_\_\_

**SECTION IV: TRAINEE EDUCATION & OCCUPATION INFORMATION (Please complete for each participating employee)**

Current Occupation Title: \_\_\_\_\_

Trainee Start Date at business: \_\_\_\_\_

\*Will the employee receive a wage increase after training?  Yes  No

\*Will the employee receive a promotion that results in a new job title after training?  Yes  No

\*Will the employee receive a credential or certification after training?  Yes  No

\*Will the employee demonstrate use of new skills or training?  Yes  No

**SECTION V: EMI OFFICE USE – COST AND FUNDING SOURCE**

Total Training Cost: \$ \_\_\_\_\_ per participant.

Provide cost detail for IWT training: Instructor/Tuition, Books, Other Fees, etc.: \_\_\_\_\_

Funding Source:  WW  STB  MEND  SERVE

**SECTION VI: EMI OFFICE USE -- EMPLOYMENT FOLLOW-UP**

**Quarter 1**

- Retained
- Advanced

**Quarter 2**

- Retained
- Advanced

**Quarter 3**

- Retained
- Advanced

**SECTION VII: SIGNATURE**

In order to receive reimbursement for training the following are needed:

1. any proof of wage increase, or proof of promotion resulting in a new job title (on company letterhead), copy of trainee credential or certification received;
2. if training is not credentialed, trainee name(s) who successfully completed training on training provider’s letterhead (company letterhead if training is provided in-house).
3. copy of trainee(s) credential(s) showing successful completion. If training last longer than 30 days, training will be subject to a mid-point check-in to verify that the training is progressing as planned.

By signing proposal, business representative agrees that information is true and agrees to provide post-training documents.

Company Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Auxiliary aids and services are available upon request to individuals with disabilities.  
Paid for in whole or in part by a Dept. of Labor (DOL) grant