



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 |
| ☐ Requ | iest to Exceed Tier \$ Cap |
| Trainin | g Program Description |
| Service Category: | |
| Training Site Name: | |
| Location: | |
| Purpose of Training for Participant: | |
| | |
| Train | ing 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: | |
| lustification for Training (check all that apply): | |
| There is a reasonable expectation of employmen | nt following completion of the training program proven by |
| performance metrics documented on ETPL listing <u>ar</u> | |
| de la company de | by attached intent to time letter. |
| \square The selected training program is suitable for the | participant and available at a reasonable cost.* |
| The selected training program is suitable for the Complete chart on Page 2 with at least three (3) similar t *Refer to Policy 17-01 Change 4 – Individual Training | |
| Training is not available in a reasonable timefran | ne by other vendors who provide the same service (within 2 months) |
| \square Training is not available by another vendor withi | n a reasonable distance |
| | |

Form Date: 3.1.2023

Page 1 of 1

| Eligible Training Program List* (ETPL) Cost Comparison | | | | | |
|--|----------------------------|--------------------------------|--------------------------------|--------------|--|
| | ETPL Program ID # | ETPL Program Name | ETPL Program Cost | ETPL # Hours | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |
| * http | os://dwd.wisconsin.gov/etp | I/home/programsearch | | | |
| | | | | | |
| | All and Service Provider L | | | | |
| ⊥ Ap | proved [| ☐ Denied | | | |
| | ASSET Case Note Ente | red regarding request to excee | ed training cap (Career Planne | r) | |
| Reque | ested By: | | | | |
| Career Planner Signature | | | Date | | |
| EMI A | pproval: | | | | |
| EMI Staff Signature | | | Date | | |
| | ASSET Case Note Enter | ed regarding approval to excee | ed training cap (EMI Approver) | | |