



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

Request to Exceed Tier \$ 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 (check all that apply):

There is a reasonable expectation of employment following completion of the training program proven by performance metrics documented on ETPL listing and/or by attached Intent to Hire letter.

The selected training program is suitable for the participant and available at a reasonable cost.*

The selected training program is suitable for the participant and available, and the length of training is reasonable * (Complete chart on Page 2 with at least three (3) similar training programs identified for comparison.)

*Refer to Policy 17-01 Change 4 – Individual Training Accounts Effective 3.1.23

Training is not available in a reasonable timeframe by other vendors who provide the same service (within 2 months)

Training is not available by another vendor within a reasonable distance

